Child Care and Development Fund (CCDF) Plan For Idaho FFY 2016-2018

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: Idaho Department of Health and Welfare

Address of Lead Agency: 450 W. State Street, Boise, ID 83720

Name and Title of the Lead Agency Official: Director- Richard M. Armstrong

Phone Number: (208) 334-5696

E-Mail Address: ArmstrongR@dhw.idaho.gov

Web Address for Lead Agency (if any): www.healthandwelfare.idaho.gov

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: Ericka Rupp

Title of CCDF Administrator: Program Manager

Address of CCDF Administrator: 450 W. State Street, Boise, ID 83720

Phone Number: (208)334-5641

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E-Mail Address: RuppE@dhw.idaho.gov

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): Idaho Careline 2-1-1 or 1-800-926-2588

Web Address for CCDF program (for the public) (if any): http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx

Web Address for CCDF program policy manual (if any):

Web Address for CCDF program administrative rules (if any): http://adminrules.idaho.gov/rules/current/16/0612.pdf

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity Idaho Department of Health and Welfare

Name of Lead Contact Ericka Rupp

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity Idaho Department of Health and Welfare

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Name of Lead Contact Ericka Rupp

Licensing/Monitoring (section 5)

Agency/Department/Entity Idaho Department of Health and Welfare

Name of Lead Contact Marilyn Peoples

Child Care Workforce (section 6)

Agency/Department/Entity IdahoSTARS Project (University of Idaho and Idaho Association for the Education of Young Children)

Name of Lead Contact Janice Guier and Nathan Drashner

Quality Improvement (section 7)

Agency/Department/Entity IdahoSTARS Project (University of Idaho and Idaho Association for the Education of Young Children)

Name of Lead Contact Janice Guier and Nathan Drashner

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity Idaho Department of Health and Welfare

Name of Lead Contact Ericka Rupp

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state

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or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

All program rules and policies are set or established at the State/Territory level.
☐Some or all program rules and policies are set or established by local entities. If checked,
indicate which entities establish the following policies. Check all that apply.
Eligibility rules and policies (e.g., income limits) are set by the:
☐ State/Territory
County.
If checked, describe the type of eligibility policies the county can set
Other local entity (e.g., workforce boards, early learning coalitions).
If checked, identify the entity (e.g. workforce board) and describe the type of eligibility
policies the local entity(ies) can set
Пои
Other.
Describe:
Sliding fee scale is set by the:
☐ State/Territory
County
If checked, describe the type of sliding fee scale policies the county can set
Other local entity (e.g., workforce boards, early learning coalitions).
If checked, identify the entity (e.g. workforce board) and describe the type of sliding
fee scale policies the local entity(ies) can set
□Other.
Describe:
Describe.
Payment rates are set by the:
☐ State/Territory
County.

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if checked, describe the type of payment rate policies the county can set
Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set
Other. Describe:
Other.
List and describe (e.g., quality improvement systems, payment practices):

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply, and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

☑ TANF agency

Describe.

Statewide the Idaho Department of Health and Welfare administers Assistance for the Aged, Blind, and Disabled (AABD), SNAP (Food Stamps), The Emergency Food Assistance Program (TEFAP), Low-Income Home Energy Assistance Program (LIHEAP), Idaho Telephone Service Assistance Program (ITSAP), Weatherization Assistance Program (WAP), Medicaid/CHIP, the State Based Health Care Exchange/Advanced Payment of Tax Credit (APTC), Idaho Child Support Services, Temporary Assistance for Families in Idaho (TAFI/TANF), Supplemental Nutrition

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Program for Women, Infants, and Children (Idaho WIC), as well as the Idaho Child Care Program (ICCP). Whenever possible, eligibility criteria and application processes are aligned, and eligibility information is shared between programs to streamline the application and reevaluation processes for families. For example, ICCP can use family information provided at a Food Stamp reevaluation to complete some reevaluations with no additional information or contact required from the participating family. Additionally, through a Memorandum of Understanding between the Division of Welfare and the Division of Family and Community Services (FACS), FACS verifies some client information for foster care families to speed the application process for families with foster children. There are no differences in eligibility or other policies across cities, counties, or jurisdictions and our statewide workforce is trained for programmatic consistency in every local office.

Other State/Territory agency. Describe.
Local government agencies such as county welfare or social services departments Describe.
Child care resource and referral agencies Describe.
Community-based organizations Describe.
Other. Describe.
Who assists parents in locating child care (consumer education)? CCDF Lead Agency TANF agency Describe.

b)

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Other State/Territory Describe.	agency.
Local government as Describe.	gencies such as county welfare or social services departments
Child care resource Describe.	and referral agencies
to one of seven Statew throughout Idaho. Regi child care for their child	ne Idaho Careline at 2-1-1 or 1-800-926-2588 to be connected ide Child Care Resource and Referral Centers located onal referral specialists assist parents in finding appropriate /ren. Idaho's Child Care Resource Centers utilize system for housing provider data and update information
	ccurate referral information.
Community-based o	rganizations
Describe.	
Other. Describe.	
c) Who issues payments?	
☑CCDF Lead Agency	
▼TANF agency	
Describe.	
	Program payments are issued directly to child care providers by of Health and Welfare. Providers may elect to receive payments
	nto their bank account, or via a mailed paper check. When the nts will receive a notice telling them the amount of payment;
	detailed statement indicating how much was paid for each
Other State/Territory	/ agency.
Describe.	

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Local government agencies such as county welfare or social services departments
Describe.
Child care resource and referral agencies
Describe.
Community-based organizations
Describe.
Other.
Describe

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

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☐ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

An email seeking feedback on the Draft State Plan, which also provided information on the date and times for public comment opportunities, was sent to each city that administers their own child care licensing regulations (Boise, Kuna, Chubbuck, Pocatello, Hailey, Ponderay, Ammon, Idaho Falls, Jerome, Coeur d'Alene, Moscow, Lewiston, and Filer). Additionally, the plan was sent to local law enforcement agencies including city police, county sheriffs, and the Idaho State Police (ISP). Representatives from the Idaho State Police (ISP) attended the public hearing and offered supportive comments about the draft plan, and asked questions about the implementation of new background requirements. The ISP representatives did not express concern with any component of the draft plan.

[REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe:

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

□Yes, □No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

Idaho does not have a State Advisory Council on Early Childhood Education and Care pursuant to the Head Start Act. The State Early Childhood Coordinating Council (EC3) was presented an overview of the CCDF Act of 2014 and provided the link to review the Draft State Plan and provide feedback. The Director of the State Early Child Comprehensive Systems (SECCS), who is also the coordinator for the Early Childhood Coordinating Council (EC3), provided written comments that were supportive of the plan. The provided suggestions about additional ways to collaborate

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with partners and distribute information were incorporated into the draft plan.

☑[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

On January 20, 2016, individual letters seeking feedback on the Draft State Plan, that also provided information on the date and times for public comment opportunities, were sent to the following tribal leaders and tribal child care administrators: Kootenai Tribe, Coeur d'Alene Tribe, Nez Perce Tribe, Shoshone-Paiute Tribes, Northwest Band of the Shoshone Nation, and the Shoshone-Bannock Tribes. Additionally, the draft plan was shared in person at the State Tribal Self Reliance Meeting.

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State/Territory agency responsible for public education.

Describe:

The Draft CCDF State Plan was sent to the State Department of Education for feedback as well as provided information on date and time of public comment period.

State agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe:

A copy of the Draft State Plan was shared with both Part C and Section 619 state directors for feedback and possible partnership opportunities. These two programs also serve on the Early Childhood Coordinating Council as members.

State/Territory institutions for higher education, including community colleges.

Describe:

Institutions for Higher education, including community colleges, are represented on the State of Idaho's Early Childhood Coordinating Council which was presented an overview of the plan and sent information for providing feedback. Additionally, our Lead Agency for Quality is the University of Idaho and our State Directors for the IdahoSTARS Project are involved in a Consortium for Higher Education to look at and address Early Childhood Systems work within the state. Copies of the draft plan, with instructions for providing feedback, were also sent to the chairwomen of the Idaho Early Childhood Education Higher Education Consortium. Written feedback was received from representatives from 2 different institutions, all feedback was positive with recommendations to strengthen some licensing requirements.

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State/Territory agency responsible for child care licensing.

Describe:

The licensing staff person is housed within Division of Welfare and was responsible for certain components of the Draft State Plan. Additionally, the State of Idaho allows local municipalities to require their own child care licensing regulations that are as strict, or more strict, than State Licensing requirements. Copies of the draft plan, with instructions for providing feedback, were also sent to each city that administers their own child care licensing regulations (Boise, Kuna, Chubbuck, Pocatello, Hailey, Ponderay, Ammon, Idaho Falls, Jerome, Coeur d'Alene, Moscow, Lewiston, and Filer).

State/Territory office/director for Head Start State collaboration Describe:

A copy of the Draft State Plan was shared with the Head Start Collaboration office. The CCDF staff met with the Collaboration Director to discuss implementation plans, develop opportunities to coordinate, and align both State Plans.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

In Idaho, the Head Start Collaboration Director is the contact for Early Head Start-Child Care Partnership, in partnership with the CCDF Administrator. The Draft State Plan was also sent to the Executive Director of the Idaho Head Start Association. In their written response to the draft plan it was indicated that the draft plan would be shared with all Idaho Head Start Directors, including the director of Idaho's Early Head Start-Child Care Partnership grantee.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe:

A copy of the Draft State Plan was sent to the CACFP coordinator and regional directors for review and comment.

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

A copy of the Draft State Plan was sent to the WIC leadership for review and comment.

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

Strengthening Families is a collaborative effort supported by the Children's Trust Fund. A

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copy of the Draft State Plan was shared with the Children's Trust Fund Director for review and comment.

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

A copy of the Draft State Plan was shared with the MCHV leadership for feedback and possible partnership opportunities. The MCVH Director also serves on the Early Childhood Coordinating Council and the State CCDF Administrator sits on the MCVH steering committee.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic	and
Treatment (EPSDT).	

Describe:

McKinney-Vento State coordinators for Homeless Education.

Describe:

A copy of the Draft State Plan was sent to the Homeless Education State Coordinator for review and comment. A written response was received indicating the receipt of the draft plan, and a willingness to partner with the Idaho Child Care Program in the development of processes and policies that will support homeless children and their families.

■ State/Territory agency responsible for public health.

Describe:

A copy of the Draft State Plan was shared with the Public Health Directors for review and comments. A representative for the Central District Health Department attended the public hearing; they expressed support for the draft plan and a desire for continued, ongoing collaboration.

State/Territory agency responsible for mental health.

Describe:

A copy of the Draft State Plan was sent to Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho) leadership for review and comment.

☑ State/Territory agency responsible for child welfare.

Describe:

A copy of the Draft State Plan was shared with the Division of Family and Children Services, Child Welfare Program for review and comments.

☐ State/Territory liaison for military child care programs.

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Describe:
State/Territory agency responsible for employment services/workforce development.
Describe:
A copy of the Draft State Plan was sent to Easter Seals Good Will, Idaho's workforce
development contractor.
State/Territory agency responsible for Temporary Assistance for Needy Families
(TANF).
Describe:
The CCDF administrator is also the TANF administrator, so the plan was developed with
both programs in mind.
State/community agencies serving refugee or immigrant families.
Describe:
A copy of the Draft State Plan was shared with the State Refugee Resettlement Program
Leadership for review and comments. Additionally, copies of the draft plan, with
instructions for providing feedback, were also sent to the project managers for the
Refugee Childcare Business Development Program (NIÑO Project). They provided
written feedback that was supportive of the draft plan, and considerations specific to the
needs of refugee child care providers that were taken under advisement as trainings are
developed.
Child care resource and referral agencies.
Describe:
The child care resource and referral agencies (Child Care Resource Centers/CCRC) are
a part of our IdahoSTARS project and were contributors to the Draft State Plan. A copy
of the final version of the Draft State Plan was shared with staff for review.
Provider groups or associations.
Describe:
The Idaho Association for the Education of Young Children is a contracted partner in the
CCDF program. The Draft State Plan was sent to local affiliates for review and comment.
Worker organizations.
Describe:
Parent groups or organizations.

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Describe:

Parent groups and organizations are represented on the State's Early Childhood Coordinating Council and were provided the overview and details on how to provide comments via public hearing.

Other.

Describe:

A copy of the Draft State Plan was shared with the Idaho Afterschool Network Leadership for review and comments.

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: 01/11/2016

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

A Notice of public hearing was published in the Post Register, statewide newspapers throughout Idaho as well as social media modes were used to get the word out about the public comment period. A draft of the State Plan was published on the Department's public website. A link to the plan was distributed to various agencies and partners, ensuring they had all the background information as well as the draft State Plan. An email box was created for receiving feedback and comment as well as mail and fax options available up until the hearing day.

http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx

c) Date(s) of public hearing(s): 02/11/2016

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Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed. The public hearing was held at 450 West State Street, Boise Idaho 83720. A draft of the State Plan was published on the Department¿s public website. A link to the plan was distributed to various agencies and partners, ensuring they had all the background information as well as the draft State Plan. An email box was created for receiving feedback and comment as well as mail and fax options available up until the hearing day. http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx
- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) A draft of the State Plan was published on the Department is public website. A link to the plan was distributed to various agencies and partners, ensuring they had all the background information as well as the draft State Plan. An email box was created for receiving feedback and comment as well as mail and fax options available up until the hearing day.

http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/ICCPStatePlan/tabid/3359/Default.aspx

- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Idaho will take all comments and feedback into consideration when making final changes to the plan. All comments and feedback will be documented and archived to accompany the plan in program documentation.
- 1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees.

Describe:

The Idaho Child Care Program Advisory Panel contributed to the development of the State Plan by providing guidance and feedback on issues pertaining to policy, programming and implementation for the State Plan requirements. Members were also provided the link to share with others about the public comment period. The Idaho Child Care Program (ICCP) Advisory Panel will be updated on the status of the implementation plans at each quarterly meeting. A copy of the CCDF plan will be published on the ICCP webpage, and updated as amendments are made.

Working with child care resource and referral agencies.

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Describe:

Child Care resource and referral offices (CCRCs) contributed to the development of certain sections within the State Plan as well as provided the link to share with providers pertaining to public comment period. Due to their ongoing participation with the implementation of the quality components of the plan, as well as their work to help keep providers educated about programmatic changes, CCRCs will be regularly updated on the status of the state plan.

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx

Sharing through social media (Twitter, Facebook, Instagram, email, etc.).

Describe:

The State of Idaho published notification of Public Comment Period on the IDHW blog as well as emailed providers notifying them of the link to make comments on the State Plan. Child care program staff will work with the Department staff in charge of public relations and external communication to educate clients and providers on programmatic changes due to progress in the implementation plans or amendments to the CCDF State Plan. Department staff may elect to utilize social media to share information with clients and providers. Additionally, IdahoSTARS maintains Facebook, Twitter, and Pinterest profiles that are frequently used to share information and resources with providers.

Facebook: https://www.facebook.com/ldahoSTARS-252266474799407/?fref=ts

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

The draft CCDF State Plan was posted on the IDHW website and was shared in both the Early Childhood Coordinating Council meeting and the Idaho Child Care Program Meeting in January 2016. Parents and child care providers are represented at these quarterly meetings. Ongoing updates regarding progress in implementation and fulfillment of the CCDF plan will be presented at each group, and a copy of the CCDF Plan will be maintained on the IDHW website and will be updated as need to include any plan amendments. Also, child care program staff will work with the Department staff in charge of public relations and external communication to educate families and providers on programmatic changes due to progress in the implementation plans or amendments to the CCDF State Plan. Communication

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strategies may include letters and emails to participating families and providers, information
posted in local DHW offices, social media posts, provider trainings conducted by program
staff and local Child Care Consultants, and updated brochures, applications, signage, and
provider agreements.
Other.
Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in preschool programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special

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education services, etc.).

Describe:

The State of Idaho Child Care Program Manager participates in and promotes the coordination of local, state, Head Start, and school based programs to explore, expand, or collaborate to develop pre-k programs with community child care programs, Head Start programs, or school based programming. The State of Idaho held its first every Early Learning Summit in Spring 2015, bringing together the business community, legislators, non-profits and State entities to learn and understand the research around early education. Data and best practices were presented and discussed leading to a statewide work group focused on developing an early learning bill that could be presented to the legislative body in 2016. The Child Care administrator also serves on the Treasure Valley United Way board and was actively engaged in the partnership created in 2015 between the City of Boise, Boise School District and the Treasure Valley United Way working together to begin preschool for 4 years olds in two high need elementary schools. The partnership encompasses teachers being engaged with IdahoSTARS professional development system and is working together through the Treasure Valley Education Project to align services and link comprehensive services for children being served.

☑[REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

The State will continue to partner with the Tribes in Idaho with the goal of coordination. The Department meets quarterly with all Tribes with the goal of ensuring communication is happening both ways around program information and policy changes. We also want to ensure the Tribes have active participation on the Idaho Child Care Advisory Council and are currently searching for new representation. We use both the Department wide meetings as well as the Child Care Advisory Panel meeting as avenue for sharing information, gathering feedback and providing opportunities for alignment where necessary. The CCDF Program Manager presented to the Tribal Child Welfare Committee as well as the Self Reliance Tribal Committee on the status of child care in Idaho and how changes will be rolling out for families and providers within the next year. The program also provided an overview of how child care eligibility is conducted in Idaho knowing that conversations continue about how child care and foster care intersect.

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State. [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

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Describe:

The Lead Agency sits on the Early Childhood Coordinating Council (EC3) with both Part C and 619 State Leads. The CCDF Administrator sits on the Infant Toddler Sub Committee for EC3 and coordinates efforts between programs with the goal of sharing information and developing plans for linking comprehensive services. The EC3 council will be using the Idaho Early Childhood Comprehensive Systems Framework for 2014-2019 as the guide for ensuring goals targeted toward serving infants and toddlers with disabilities is accomplished as defined in the plan. Idaho has also been afforded the opportunity to participate in a TA Learning Table targeted at evaluation and research, for which the Department of Education, Part C program and DHW's Infant Toddler department is a collaborative partner. Discussions pertaining to infant toddler care has been a topic that has risen to the top of possible evaluation and research areas.

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

The Lead Agency plans to coordinate education and outreach to homeless shelters through partnering with the state and city homeless coalitions with the intent of aligning eligibility and streamlining processes for accessing subsidies. The CCDF administrator plans to meet with various directors of homeless shelters throughout Idaho over the summer months, coordinate efforts with communication and outreach with the McKinney-Vento State Coordinator and will be presenting at the Statewide Homeless Coalition Conference in September 2016.

☑[REQUIRED] Early childhood programs serving children in foster care.

Describe:

The Lead Agency currently coordinates with Child Welfare within the Department of Health and Welfare. Trainings are provided to foster care staff with the goal of sharing information about program changes, answer policy and program questions and work together to streamline coordination of services. Families in Idaho whose children are placed in Foster Care currently have access through Child Welfare, to receive child care assistance. Child Welfare and Division of Welfare have created a streamlined process for getting benefits to families and for continued communication during the time of services being provided.

State/Territory agency responsible for child care licensing.

Describe:

In June of 2015, licensing for the State of Idaho, was moved to Division of Welfare, under the

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CCDF Administrator. This transition aligns all child care related work, streamlines efforts around business and program operations. Future strengths will be possible better alignment between the licensing and CCDF requirements for providers.

State/Territory agency with Head Start State collaboration grant.

Describe:

The Lead Agency sits on the Early Childhood Coordinating Council (EC3) with the Head Start Collaboration Director as well as the HS Collaboration Director is a participant on the Idaho Child Care Program Advisory Panel. The CCDF administrator and Head Start Collaboration Director meet regularly to discuss information between both programs, problem solve and develop long range plans for partnership. The CCDF Administrator worked in partnership with the Head Start Collaborative Director to develop both the CCDF and Head Start grant application with the focus on collaboration and alignment of activities to strengthen knowledge and understanding around CCDF and Head Start systems. Long term goals include; increase enrollment of Head Starts in Idaho's Steps to Quality program; maximizing funding to better serve at risk children through clear, consistent alignment of HS and Subsidy as well as an increased effort between HS and Child Care to improve the standards around health and safety and staff qualifications of child care staff to better align with HS.

☐ State Advisory Council authorized by the Head Start Act.

Describe:

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

Early Head Start- Child Care Partnership grants support one program in Idaho, working to expand full day programming for Head Start Children in Eastern Idaho. CCDF is working in partnership with the Head Start to ensure coordination and access to CCDF services. Throughout the expansion of Early Head Start, child care policy staff has provided guidance and support to help program staff walk through and understand the eligibility process of getting families access to ICCP. We will be working in partnership with our Head Start office to continue education and knowledge building around the benefits of early head start - child care partnerships with the long term goal of increasing the number of partnerships if given the opportunity to expand in future years.

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

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The Department plans to engage local and state homeless programs in a dialogue around training for how to provide a clear and consistent access point for homeless families to become eligible for subsidy. Additionally, the McKinney-Vento State Coordinator for Homeless Education will be included in the development of processes for engaging homeless children and their families.

Child care resource and referral agencies.

Describe:

Child Care Resource Centers (CCRC) are present in all seven regions of Idaho targeted at providing resources and education to both families and child care providers. Child Care

Resource Center staff provides technical assistance and coaching to child care providers
enrolled in the state's QRIS system with the goal of improving the quality of care, expand
accessibility and continuity of care, and assist children enrolled in early childhood programs
to receive full-day services.
State/Territory agency responsible for public education.
Describe:
State/Territory institutions for higher education, including community colleges.
Describe:
State/Territory agency responsible for Child and Adult Care Food Program (CACFP).
Describe:
State/Territory agency responsible for WIC, nutrition (including breast-feeding support),
and childhood obesity prevention.
Describe:
In Spring 2016, Child and Maternal Health will be facilitating a statewide partner meeting
between Child Care, WIC, Head Start, and the Idaho Physical Activity and Nutrition program
to discuss the latest Child and Maternal Health needs assessment along with various other
aspects of data.
Other Federal, State, local and/or private agencies providing early childhood and school-
age/youth serving developmental services.
Describe:

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State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe: The CCDF Administrator sits on the statewide advisory panel for the MICHV Program. The goal is to increase the number of children receiving early intervention programming and a continuity of care as families make progress through years with their children. We are striving to increase collaboration and coordination of shared resources to professionals in the field of early care and education. Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe: State/Territory agency responsible for public health. Describe: Quarterly meetings are held with the Health District state lead, the CCDF program, Licensing, and 211 Careline with the goal of sharing information, changes, problem solving situations and coordinating efforts for a more streamlined process for providers and families. Idaho holds a statewide contract with the Health Districts to conduct all health and safety inspections and complaint referrals for the State of Idaho licensing and the Idaho Child Care Program. ☐ State/Territory agency responsible for mental health. Describe: State/Territory agency responsible for child welfare. Describe: The Lead Agency is a part of the same State Department responsible for child welfare. Our goal is to coordinate meetings when necessary to share information and develop plans, according to a topic. Child Care partners specifically with Child Welfare in the area of determining eligibility for foster children in need of child care services. Specifically, children in state licensed foster homes have a streamlined eligibility process with a simplified application that does not count the foster parents' income when determining copays or eligibility for the foster child. This partnership is defined in an agreement and when processes or procedures change, both departments coordinate communication and training strategies. State/Territory liaison for military child care programs.

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Describe:
State/Territory agency responsible for employment services/workforce development.
Describe:
The Lead Agency is a part of the State Workforce Development Council and represents both
TANF and Child Care as a partner at the table. Child Care Assistance is currently provided to families participating in the work services program mandatory for cash assistance families
and can also support families enrolled in workforce development programs and education
programs combined with some kind of employment.
State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).
Describe:
The CCDF administrator is also the TANF administrator and therefore coordination of
services are always at the forefront of the Departments mind as well as with SNAP and
Medicaid; ensuring policies and processes can be aligned across programs whenever
possible to best serve the customer with streamlined expectations and eligibility criteria.
State/Territory community agencies serving refugee or immigrant families
Describe:
The Department meets quarterly with the Resettlement leadership and work to coordinate
programming and ensure communication between programs is clear and resettlement
agencies understand the changes with regards to eligibility and policy updates. The ICCP
policy specialist works in coordination with resettlement agency staff to ensure applications
for families are completed properly and with proper verifications, often reviewing help desk
questions related to cases for families or providers. When requested, the policy specialist
provides trainings to refugee agency staff about child care program eligibility, the client
application process, verifications needed, and general program information.
Provider groups or associations.
Describe:
The Department is newly engaged with the Idaho Afterschool Network that has developed a
leadership team focused on the quality of school-age programs.
Worker organizations.
Describe:
Parent groups or organizations.
Describe:

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Other.

Describe:

The ICCP Policy Specialist and the State Licensing Specialist are working to develop collaborative relationships with Idaho cities that administer their own licensing regulations in an effort to streamline the eligibility process for providers and the gathering of necessary information. Frequent and ongoing communication with city officials regarding the child care complaint process, licensing and program requirements (especially background checks), and the implementation progress of the CCDF plan will help mitigate any potential confusion for city licensed child care providers.

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

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1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes, If yes, describe at a minimum:

How do you define "combine"

Idaho defines "combine" as using CCDF in combination with other allocated funding sources to serve eligible children.

Which funds will you combine

Idaho combines SSBG, TANF, and State General Funds, and at the local level programs may combine Head Start/Early Start with CCDF funds.

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

The goals of combining the funds are increased coverage and access to child care assistance for low income families.

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

Funds are combined at the individual transaction level.

How are the funds tracked and method of oversight

Funds are tracked using State budget tracking which entails separate account funding codes per funding source. Each source is reviewed quarterly as well as during an annual legislative audit.

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1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children

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through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

Idaho is partnering with Jannus Inc to implement an Idaho Afterschool Network (IAN) for youth in Idaho to ensure youth have access to high quality out of school time programs. The Idaho Child Care Program contributed to the match needed for Idaho to obtain the Mott Foundation award. Idaho will be working toward building capacity for out of school programming through leadership, partnership and advocacy to ensure youth and families have access to high quality programming.

Child Care leadership, in partnership with Maternal and Child Health will be joining other state partners to convene a planning session to review and analyze needs assessment data to collectively define strategies we, as programs, will agree to work towards improving outcomes for children and families in Idaho through child care settings.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States may use funds to support or establish Child Care Resource and Referral (CCR&R systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the

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State/Territory

- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faithbased and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&Ragencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State fund a system of local or regional CCR&R organizations?

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

CCR&R services are provided statewide through a contract with one entity (University of Idaho) which employs staff and/or contracts with other agencies to carry out the CCR&R scope of work. The Scope of Work for CCR&R offices includes:

- Parents are provided a full range of child care options upon contact (through 211) by the CCR&R Resource Specialists. Parents may also access information on quality child care and child care options in their locale on the IdahoSTARS website.
- CCR&R Resource Specialists provide parents information on child care options to meet the specific needs of the family. Parents are supported in determining their priorities in selecting the best child care setting for their child.
- Data on the coordination of services and supports, including numbers of children receiving Early Intervention/Early Childhood Special Education services, is collected on CCR&R Site Visit Report forms, documented in the NACCRRAware database, and reported on the Monthly Monitor Report.
- Supply and demand data for child care services in local areas/regions is collected by CCR&R Resource Specialists during the referral process, documented in the NACCRRAware database and recorded on the Monthly

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Monitor Report.

- CCR&R staff engages in collaboration and partnerships with public and private community agencies, councils, faith and community-based child care providers to increase the supply and quality of child care services in Idaho. CCR&R staff disseminates information on quality child care during family-centered community events, and participate in regional communities as members of local committees and councils to increase the quality and supply of child care services in every region.

IdahoSTARS administrators and CCR&R staff coordinate activities with our Lead Agency through consistent dissemination of information, conferencing, and coordinated activities in all regions of the state.

No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a <u>Statewide Child Care Disaster Plan</u> for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already

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incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Guidelines for continuing CCDF assistance and child care services after a disaster (which may include provision of temporary child care, and temporary operating standards for child care after a disaster): The Department of Health and Welfare's maintains a Continuity of Operations (COOP) Plan that is a comprehensive emergency action guide, an incident-time reference and checklist that is based on the Bureau of Homeland Security's COOP plan template and the Federal Emergency Management Agency (FEMA) Planning Guide. The plan is specifically designed for use by the Department of Health and Welfare (DHW). DHW will use this plan to continue critical business functions when reacting to any unplanned event that cannot be effectively addressed within the scope of normal business operations and resources. The COOP plan is applicable to all Department of Health and Welfare divisions, bureaus, units, institutions and personnel. This COOP plan describes the actions that will be taken to activate a viable COOP capability within 12 hours of an emergency event, and to sustain that capability for up to 30 days. This COOP plan

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can be activated during business and non-business hours, with or without warning. This COOP plan covers all facilities where the Department of Health and Welfare critical business processes are performed. This COOP plan supports the performance of critical business processes from alternate locations and also provides for continuity of management and decision-making, in the event that senior management or technical personnel are unavailable. This COOP plan has been distributed to senior managers within the Department of Health and Welfare. Initial training has been provided to the Department of Health and Welfare's personnel with identified responsibilities, and this COOP plan has been shared with the Idaho Bureau of Homeland Security. The COOP plan is maintained on the internal Sharepoint site, and is accessible to all staff members.

Currently, IdahoSTARS currently provides technical assistance to child care programs on emergency preparedness using the Y.I.K.E.S. (Your Inventory for Keeping Everyone Safe) Planning Guide. Child care providers can also complete the IS-36 FEMA Multihazard Planning in Child Care training to receive 2 IdahoSTARS training hours. Follow-up technical assistance is offered by the IdahoSTARS Child Care Health Consultant (CCHC) Program staff.

Unmet requirement - Identify the requirement(s) to be implemented child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS and DHW will update draft of Y.I.K.E.S., Planning Guide and Y.I.K.E.S. Emergency Response Plan; Align updated Y.I.K.E.S. with Caring for our Children (CFC) Standard 9.2.4.5 (Crosswalk); Schedule meeting with Health Districts.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW,

UI, IdahoSTARS

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW will partner with UI to carry out the implementation of updating the Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine Stevens.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined to include disaster preparedness and response plans, and training and practice drill requirements for child care providers for Negotiated Rule Making process.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Gather feedback from partners and incorporate feedback to complete final draft of contents for Y.I.K.E.S.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW will partner with UI to carry out the implementation of updating the Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine Stevens.

Tasks/Activities - What specific steps will you take to implement the unmet

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requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming requirements for disaster preparedness and response plans, and training and practice drill requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming disaster preparedness and response plan requirements, and training and practice drill requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS will submit revised materials (Y.I.K.E.S. Planning Guide and Emergency Response Plan)to bilingual IdahoSTARS staff members for translation and review.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'.

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Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS with DHW will brand and finalize Y.I.K.E.S. documents, print, and prepare for distribution.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW will partner with UI to carry out the implementation of updating the Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine Stevens.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS will create electronic documents and post to website; conduct meetings with health districts to share updated Y.I.K.E.S.; train Child Care Resource Center (CCRC) staff on updated Y.I.K.E.S.; message child care providers with updates.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health Districts

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

As soon as the Y.I.K.E.S. materials are available, Child Care Resource Center (CCRC) staff will begin distributing and educating providers about the implementation of the new requirements. Y.I.K.E.S. materials will be made available to the Health Districts for distribution to providers who are found out of compliance during their inspection.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW, Health Districts

Unmet requirement - Identify the requirement(s) to be implemented child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS and DHW will update draft of Y.I.K.E.S., Planning Guide and Y.I.K.E.S. Emergency Response Plan; Align updated Y.I.K.E.S. with Caring for our Children (CFC) Standard 9.2.4.5 (Crosswalk); Schedule meeting with Health Districts.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead

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agency to complete implementation of this activity

DHW will partner with UI to carry out the implementation of updating the

Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine

Stevens.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined to include requirements for child care providers to maintain disaster and emergency plans and procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Gather feedback from partners and incorporate feedback to complete final draft of contents for Y.I.K.E.S.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW will partner with UI to carry out the implementation of updating the Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine Stevens.

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming requirements for disaster and emergency plans and procedures and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming disaster preparedness and response plan requirements, and training and practice drill requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS will submit revised materials (Y.I.K.E.S. Planning Guide and Emergency Response Plan)to bilingual IdahoSTARS staff members for translation and review.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 07/01/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'.

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Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS with DHW will brand and finalize Y.I.K.E.S. documents, print, and prepare for distribution.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW will partner with UI to carry out the implementation of updating the Y.I.K.E.S. Planning Guide. UI will partner with Idaho AAP, Dr. Katherine Stevens.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS will create electronic documents and post to website; conduct meetings with health districts to share updated Y.I.K.E.S.; train Child Care Resource Center (CCRC)staff on updated Y.I.K.E.S.; message child care providers with updates.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW, UI, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

As soon as the Y.I.K.E.S. materials are available, Child Care Resource Center (CCRC) staff will begin distributing and educating providers about the implementation of the new requirements. Y.I.K.E.S. materials will be made available to the Health Districts for distribution to providers who are found out of compliance during their inspection.

Projected start date for each activity: 07/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW, Health Districts

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and

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Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

- 1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
 - 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

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2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

Idaho currently has a child care assistance website on the Department of Health and Welfare website that walks a potentially eligible family through the process of eligibility as well as IDHW is currently creating a consumer focused website for Idahoans to learn more about programs families could access and how they could apply for those services at that immediate point in time. Idaho's CCDF Administrator also serves on the United Way of Treasure Valley Board of Directors which recently worked in partnership with United Way of the Pacific Northwest to complete research on ALICE (Asset Limited Income Constrained Employed), a report which highlights the data on people who are working but unable to afford the basic household necessities, including housing, child care, health care, food and transportation. Released in January 2016, the United Way ALICE Report - Pacific Northwest, 2016 presents publicly available data in a comprehensive way to illustrate the true scope of financial need in our communities. All seven United Ways in Idaho, as well as United Ways across Oregon and Washington, took part in the ALICE Report. - The Child Care Program is planning to work in partnership with our Service Integration team which serves statewide to identify those communities with the highest need and target outreach and education about programs to those communities. Targeted communication will come through partners who work in the schools in those counties, Head Starts, afterschool programs, and libraries.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

Child Care Resource and Referral Centers, 211 Careline, Idaho Department of Health and Welfare Navigator statewide staff and local agencies.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?

DHW utilizes video which is played statewide in the lobbies of our local offices; DHW provides information via websites (

http://healthandwelfare.idaho.gov/Children/ChildCareAssistance/tabid/292/Default.aspx; https://www.livebetteridaho.org/), vendor booths, blogs (https://dhwblog.com/), and social

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media tools (https://www.facebook.com/ldahoHealthandWelfare/; https://www.facebook.com/ldahoSTARS-252266474799407/?fref=ts) as well brochures (http://healthandwelfare.idaho.gov/Portals/0/Children/ChildCare/HW0219.pdf; http://healthandwelfare.idaho.gov/Portals/0/Children/ChildCare/HW0219S.pdf) are disseminated to partners within the community who serve families with children.

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email.

Provide link For child care, clients may scan and attach their completed application for the Idaho Child Care Program and email to ICCPUnit@dhw.idaho.gov. http://www.healthandwelfare.idaho.gov/Portals/0/Families/ChildCare/ChildCareAFA_Web.pdf

In-person interview or orientation.

Describe agencies where these may occur:

Clients may come to regionally located Department of Health and Welfare offices to complete an application for the Idaho Child Care Program.

http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/ApplyforServices/NewApplicants/tabid/1572/Default.aspx

 $http://www.healthandwelfare.idaho.gov/Portals/0/Families/ChildCare/ChildCareAFA_Web.pdf$

Phone
Mail
At the child care site
At a child care resource and referral agency.
Through kiosks or online portals at related State/Territory/local agency or organization
serving low-income populations.
Describe:
Through a coordinated application process (e.g., application is linked to other benefits
program to allow parents to apply for several programs at one time).
Describe:

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With one universal application submitted by mail, fax, or in-person at a local office, families may apply for one or all of the following programs: food assistance (SNAP), Health Coverage Assistance (Medicaid or APTC), cash assistance (TAFI), and child care assistance (ICCP).

http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/ApplyforServices/NewApplicants/tabid/1572/Default.aspx

Other strategies.

Describe:

Clients may fax their completed application for the Idaho Child Care Program to (866)434-8278.

http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/ApplyforServices/NewApplicants/tabid/1572/Default.aspx

Children in state licensed foster care have an internal streamlined application that may be submitted by the case worker or a Division of Family and Community Services staff member directly to Idaho Child Care Program eligibility staff. These applications are prioritized by eligibility staff. The process is outlined in a Memorandum of Understanding between the Division of Welfare and the Division of Family and Community Services both of which are in the Department of Health and Welfare.

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

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- information about the availability of the full diversity of child care services that will promote informed child care choices.
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information availabe about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

Parents: Idaho utilizes the toll-free 211 CareLine as the entry point to inform the public about the full diversity of child care services, as well as the IdahoSTARS and Department of Health and Welfare websites. Information is offered in both English and Spanish. 2-1-1 operators connect families to trained child care referral specialists who have access to real-time provider information. Referral specialists educate families about the different types of child care available to them, and can build customized reports for families based on that family's specific needs. In addition, families can access provider information on their own at IdahoSTARS.org where they can build reports and a map of all child care providers that meet the family's criteria. The IdahoSTARS.org website also provides families information about the process for selecting the highest quality child care possible. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying possible programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to possible services and so the client may begin applying immediately.

Providers: Idaho utilizes the toll-free 211 CareLine as the entry point to inform the public about the full diversity of child care services, as well as the IdahoSTARS and Department of Health and Welfare websites. Information is offered in both English and Spanish. Idaho trained all Child Care Quality Consultants on the new LiveBetterIdaho.org website and provided informational brochures to each region to inform providers of this new resource that can assist families searching for services.

General Public: Idaho utilizes the toll-free 211 CareLine as the entry point to inform the

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public about the full diversity of child care services, as well as the IdahoSTARS and Department of Health and Welfare websites. Information is offered in both English and Spanish. 2-1-1 operators connect inquiring callers to trained child care referral specialists who have access to real-time provider information. Referral specialists are available to educate callers about the different types of child care available in their community, and can build customized reports of child care providers based on that caller's specific needs. In addition, anyone can access provider information on their own at IdahoSTARS.org where they can build reports and a map of all child care providers that meet their criteria. The IdahoSTARS.org website also provides information about the process for selecting the highest quality child care possible. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying potential programs that families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to possible services so the client can begin applying immediately. The general public is also informed about child care services through brochures that are disseminated throughout the community to non-profits and organizations working with families to ensure that the information is getting to families in need. The brochures are a part of the branding package used with LiveBetterIdaho and have website information for both DHW and LiveBetterIdaho.org to give families information about where and how to apply.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Child Care Resource Center (CCRC) office staff communicate directly with parents on the phone about the full range of child care, options to best meet family needs, and indicators of quality care. Printed material is provided electronically (email), or through fax, or postal mail. The IdahoSTARS website offers information on child care choices. The IdahoSTARS staff will also be trained on Live Better and how to use the site for customers whom they speak with on referrals.

c) Describe who you partner with to make information about the full diversity of child care choices available

Idaho partners with the 211 CareLine and the IdahoSTARS CCR&R offices to provide information about the full diversity of child care choices available.

2.2.3 Describe how the State/Territory makes information about the quality (such as

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through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

Parents: Information on Idaho's Steps to Quality program is available on the IdahoSTARS website, as well as brochures, flyers, videos, and checklists intended to educate the public on choosing quality child care. Additionally, by calling 2-1-1 the Idaho CareLine, parents can speak with a referral specialist who can offer information on quality indicators and assist families with finding participating programs in their areas.

Providers: Information on Idaho's Steps to Quality program is available on the IdahoSTARS website, as well as brochures, flyers, videos, and checklists intended to educate providers on how to engage and why it is important to build quality programming for children they care for in a setting(home, group, center). Additionally, by calling 2-1-1 the Idaho CareLine, providers can speak with their local child care quality consultant who can offer information on quality indicators and providers with participating with Steps to Quality.

General Public: Information on Idaho's Steps to Quality program is available on the IdahoSTARS website, as well as brochures, flyers, PSA adds and booth set ups all targeted at informing the community about what is quality child care and why is it important to Idaho citizens. Additionally, by calling 2-1-1 the Idaho CareLine, anyone can speak with a referral specialist who can offer information on quality indicators and assist them with finding participating programs in their areas.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Idaho's Quality Rating and Improvement System's Steps to Quality, is available statewide for both family and center child care programs who elect to participate. Participating programs, including those that are STAR rated and/or accredited are posted on the IdahoSTARS.org website. Each program is identified by the step (level) attained, location, contact information, and program website. Referral Specialists, accessible by contacting the Idaho CareLine at 2-1-1, offer information on quality indicators and assist families with finding participating programs in their areas. The on-line referral system also includes information regarding

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participation in Steps to Quality. Information on Idaho's Steps to Quality program is available on the IdahoSTARS website, both on the Parent and Provider side of the website, as well as brochures, flyers, videos, and checklists intended to educate the public on choosing quality child care. On the IdahoSTARS website, the Parent side of the site shares in video, checklists, and overview of quality and what to look for and how to identify quality. On the Provider side of the website, information about how to enroll and the benefits to participating in the Steps To Quality program are highlighted.

c) Describe who you partner with to make information about child care quality available
The Idaho Department of Health and Welfare partners with University of Idaho's Center on
Disabilities and Human Development, 2-1-1 the Idaho CareLine, and Idaho Association for
the Education of Young Children (Idaho AEYC) to offer information on child care quality.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

211 Careline houses information about all identified programs as well as brochures are available and shared with partners and families, pertaining to each human service program. All Self Reliance Specialists who conduct statewide eligibility discuss all programs through the informed choice intake process. The Idaho Application for Assistance is available online or can be completed over the phone and covers all eligibility programs within the Division of Welfare(child care, SNAP, Medicaid, Child Support, TAFI, Health Care Assistance). At the time of application, families are informed of programs and makes referrals to other programs which pertain to families' needs. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying all potential programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are

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specific for each family and within three clicks can direct them to all potential services and so the client may begin applying immediately.

b) Head Start and Early Head Start Programs

DHW provides a monthly report to each Head Start, with information about possible eligible families. Parents receive a letter, informing them of services Head Start/Early Head Start can provide and information on how to apply. Child Care Resource Center (CCRC) staff provide assistance to parents in accessing information on the DHW website as well as Head Start/Early Head Start websites. CCRC offices maintain fliers/brochures on site for parents interested in more information about Head Start and Early Head Start.

- c) Low Income Home Energy Assistance Program (LIHEAP)
- 211 Careline houses information about all identified programs as well as brochures are available and shared with partners and families, pertaining to each human service program. All Self Reliance Specialists who conduct statewide eligibility discuss all programs through the informed choice intake process. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying all potential programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to all potential services and so the client may begin applying immediately.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) 211 Careline houses information about all identified programs as well as brochures are available and shared with partners and families, pertaining to each human service program. All Self Reliance Specialists who conduct statewide eligibility discuss all programs through the informed choice intake process. The Idaho Application for Assistance is available online or can be completed over the phone and covers all eligibility programs within the Division of Welfare (child care, SNAP, Medicaid, Child Support, TAFI, Health Care Assistance). At the time of application, families are informed of programs and makes referrals to other programs which pertain to families' needs. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying all potential programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to all potential services and so the client may begin applying immediately.
- e) Women, Infants, and Children Program (WIC)

 Parents receive a WIC brochure in the Referral Packet sent by the Child Care Resource

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Center (CCRC) Resource Specialists as part of the referral process. In addition, parents receive a letter containing the link for WIC. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying all potential programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to all potential services and so the client may begin applying immediately.

f) Child and Adult Care Food Program(CACFP)

Parents receive informational brochures about CACFP in the Referral Packet sent by the Child Care Resource Center (CCRC) Resource Specialists as part of the referral process.

g) Medicaid

211 Careline houses information about all identified programs as well as brochures are available and shared with partners and families, pertaining to each human service program. All Self Reliance Specialists who conduct statewide eligibility discuss all programs through the informed choice intake process. The Idaho Application for Assistance is available online or can be completed over the phone and covers all eligibility programs within the Division of Welfare (child care, SNAP, Medicaid, Child Support, TAFI, Health Care Assistance). At the time of application, families are informed of programs and makes referrals to other programs which pertain to families' needs. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying all potential programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to all potential services and so the client may begin applying immediately.

h) Children's Health Insurance Program (CHIP)

Parents receive informational brochures in the Referral Packet sent by the Child Care Resource Center (CCRC) Resource Specialists as part of the referral process. 211 Careline houses information about all identified programs as well as brochures are available and shared with partners and families, pertaining to each human service program. All Self Reliance Specialists who conduct statewide eligibility discuss all programs through the intake process. Idaho recently launched a new website called Live Better Idaho (www.livebetteridaho.org) which is a consumer friendly website targeted at identifying all potential programs families could access based on three components (household size, age of people in the household, gross income, and zip code). The icons that pop up are specific for each family and within three clicks can direct them to all potential services and so the

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client may begin applying immediately.

i) Individuals with Disabilities Education Act (IDEA)

As part of the referral process, a Referral Packet is sent by the Child Care Resource Center (CCRC) Resource Specialists. In the packet parents receive a letter from the Child Care Resource Center (CCRC) office that contains a link to IDEA.

- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) Not applicable in Idaho.
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)
- 2-1-1 Careline houses information about all human service programs administered by the Idaho Department of Health and Welfare; including the Infant/Toddler Program, and Maternal, Infant, and Early Childhood Home Visiting. In addition, 2-1-1 CareLine makes brochures available to be shared with partners and families. As part of any child care referral process, a Referral Packet is sent by the Child Care Resource Center (CCRC) Resource Specialists. In the packet parents receive a letter from the Child Care Resource Center (CCRC) office that contains a link to the DHW website. Additionally, all CCRCs have resource packets with a variety of resources, including information on Developmental Milestones, Infant/Toddler Program, and MIECHV, available for dissemination to parents and providers.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

- a) Temporary Assistance for Needy Families (TANF)
 Informational brochures are available to providers through their local CCR&R office as well as all IdahoSTARS staff are trained on services provided by the Department through www.livebetteridaho.org.
- b) Head Start and Early Head Start Programs
 Child Care Resource Center (CCRC) staff provide assistance to parents in accessing information on the DHW website as well as Head Start/Early Head Start websites. CCRC

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offices maintain fliers/brochures on site for parents interested in more information about Head Start and Early Head Start.

- c) Low Income Home Energy Assistance Program (LIHEAP)
 Informational brochures are available to providers through their local CCR&R office as well as all IdahoSTARS staff are trained on services provided by the Department through www.livebetteridaho.org.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Informational brochures are available to providers through their local CCR&R office as well as all IdahoSTARS staff are trained on services provided by the Department through www.livebetteridaho.org.
- e) Women, Infants, and Children Program (WIC)
 Informational brochures and fliers are available to providers through their local CCR&R office as well as all IdahoSTARS staff are trained on services provided by the Department through www.livebetteridaho.org.
- f) Child and Adult Care Food Program(CACFP)
 Informational brochures are available to providers through their local CCR&R office as well as information is shared at orientation for all new providers.
- g) Medicaid

Informational brochures are available to providers through their local CCR&R office as well as all IdahoSTARS staff are trained on services provided by the Department through www.livebetteridaho.org.

h) Children's Health Insurance Program (CHIP)

Informational brochures are available to providers through their local CCR&R office as well as all IdahoSTARS staff are trained on services provided by the Department through www.livebetteridaho.org.

i) Individuals with Disabilities Education Act (IDEA)

The IdahoSTARS website has a webpage specifically for child care providers with a focus on children with diverse abilities. It includes information on the benefits of inclusion, the laws regarding inclusion, and strategies for supporting inclusion in their own program. Additionally, the page offers a list of programs and resources that providers may utilize as they help connect families to necessary supportive services.

- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) Not applicable in Idaho.
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

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Informational brochures are available to providers through their local CCR&R office.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

Idaho offers research and child development best practices though the website, social media, informational flyers, and trainings. Ongoing opportunities are made available through the regional Child Care Resource Centers (CCRC), that may include: lending libraries, technical assistance, and community outreach.

Additionally, Idaho offers research and child development best practices targeted at parents, providers and the general public through the Early Childhood Clearinghouse http://healthandwelfare.idaho.gov/Default.aspx?TabId=80 as well as on the DHW website, <a href="http://healthandwelfare.idaho.gov/Children/InfantToddlerProgram/DevelopmentalMilestones/tabid/503/Default.aspxIdaho also provides each family applying for assistance information about IdahoSTARS.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Information on research and best practices in child care is disseminated through the State's websites as well as IdahoSTARS' website and Facebook page. Flyers and brochures are provided to families at the time of application, and are disseminated at community events and within offices. Written materials, videos, and trainings are available through the Child Care Resource Centers' (CCRC) lending libraries. Technical assistance and coaching opportunities are provided as a direct service to child care directors and providers by CCRC Quality Consultants and Child Care Health Consultants. Approved trainings, with best practices embedded and research based information, are presented locally by approved trainers, as well as at local and state conferences. Video cameras are available for check-out

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through the lending libraries to assist providers in rural areas to have more frequent TA and coaching opportunities available.

c) Describe who you partner with to make information about research and best practices in child development available

DHW contracts with the University of Idaho (UI) and Idaho Association for the Education of Young Children (IAEYC) to operate the IdahoSTARS project. The training component of IdahoSTARS is located at the University of Idaho and is responsible to recruit trainers who meet eligibility criteria, review all training submitted for approval to ensure it is evidence based, and develop training as needed to support child care providers in their professional development and support providers to put indicators of Steps to Quality (Idaho's QRIS) into practice. All CCR&R agencies are required to display and distribute informational brochures on the Steps to Quality. CCR&R agencies also have guidelines on the type of information they have to provide to child care providers and families. Idaho also partners with Infant Toddler, Home Visiting, WIC and children's Medicaid to ensure information relevant to families and providers is being disbursed within the community or through online connections.

- 2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))
 - a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

Parents who contact the CCR&R seeking a referral for child care and who request information on children's mental health may be connected with their Child Care Health Consultant and may be provided with contacts for additional information and resources. Parents may also access the IdahoSTARS Facebook page and the IdahoSTARS website

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for additional resources. Parents who contact their CCR&R may also receive information through flyers, brochures, and other handouts that are contained in the CCR&R resource packets. Resource packets are specific to the local communities that each region serves.

ii. Providers

Training opportunities are available to providers who seek to gain information on early childhood mental health. Idaho's QRIS, Steps to Quality, has embedded Essential Training which includes specific content on this topic area, and additional lending library resources are available from their local CCR&Rs. Providers who contact their CCR&R may also receive information through flyers, brochures, and other handouts that are contained in the CCR&R resource packets. Resource packets are specific to the local communities that each region serves. Child Care Health Consultants are available statewide to assist providers with addressing questions and/or concerns that focus on early childhood mental health.

iii. General public

The Parent pages of the IdahoSTARS website contains information on Aim Early Idaho and on children with disabilities, the Provider pages includes the Child Care Health Consultant information with links to early childhood mental health, the IdahoSTARS Facebook contains posts with resources and information on early childhood mental health; CCR&R staff participate in community events and disseminate information/resources using brochures, flyers, and/or handouts.

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

 We are partnering with AIM Early Idaho (Idaho Association for Infant and Early Childhood Mental Health) to strengthen the level of knowledge and understanding of early childhood mental health for personnel who work directly with young children and/or who work closely with child care providers. Additionally, AIM Early Idaho offers training to child care providers to increase their knowledge and skills in this area of focus.
- c) Does the State have a written policy regarding preventing expulsion of:

Preschool children	(from birth to	five) in e	arly childhood	programs	receiving	child o	care
assistance?							

Tyes

If yes, If yes, describe how the State/Territory makes information about that policy

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	available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link
	✓ No.
S	chool-age children from programs receiving child care assistance? \square_{Yes} .
	If yes, describe how the State/Territory makes information about that policy available
	to 1) parents, 2) providers and 3) the general public (what you provide, how you
	provide and any partners used) and provide a link
	☑ _{No.}

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers

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should be screened

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

A link to the Idaho IDEA Part C program and its Child Find component are included on the IdahoSTARS Child Care Health Consultant webpage (
http://www.idahostars.org/?q=cchc). The IdahoSTARS website has a webpage specifically for child care providers with a focus on children with diverse abilities. It includes information on the benefits of inclusion, the laws regarding inclusion, and strategies for supporting inclusion in their own program. Additionally, the page offers a list of programs and resources that providers may utilize as they help connect families to necessary supportive services. (http://www.idahostars.org/?q=Inclusion)

All community members (including providers and families) who are interesting in screening may contact 2-1-1 CareLine, or access the Infant Toddler Program's website to recieve free access to the Ages and States Questionnaire (ASQ) for children age one (1) month to five and one half (5 1/2) years old. ASQs are provided online, or a paper copy can be picked up at local DHW offices throughout the state. (http://healthandwelfare.idaho.gov/default.aspx?TabId=78) Screenings are

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administered based on the timelines recomended by the publishers of the ASQ.

Unmet requirement - Identify the requirement(s) to be implemented Establish procedures to provide information to families and providers (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.);

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop webpage on the IdahoSTARS website (IdahoSTARS Developmental Screening webpage) with information and links to the Idaho EPSDT application (Early Periodic Screening, Diagnosis, and Treatment), Infant Toddler Program (Part C), and local school districts with information for child care providers and parents. Publish content for website and communicate website updates to Training Resource Specialists, Child Care Health Consultants, and all Child Care Resource Centers.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Idaho Infant Toddler Program (IDEA Part C) and Idaho IDEA Section 619

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Coordinator; Early Childhood Coordinating Council (EC3), Head Start, local school districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS develops and begins distributing two different kinds of brochures that are parent focused and provider focused. Brochures will be translated to Spanish, and finalized with IdahoSTARS branding. Brochures will assist child care providers with referring families for developmental screening and assist families with determining where and how to access developmental screenings for children. The brochure will refer to the Ages and Stages Questionnaire that is available, for free, to parents and providers for ages one (1) month through five and one half years (5 1/2). Additionally, information will be included for contacting the local school district for screenings for older children.

Projected start date for each activity: 03/31/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Idaho Infant Toddler Program (IDEA Part C) and Idaho IDEA Section 619 Coordinator; Early Childhood Coordinating Council (EC3), Head Start

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the University of Idaho Contract for procedures for providing information on and referring families to existing developmental screening resources and services.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

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implementation of this activity
University of Idaho- IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS staff make any necessary updates to policy and procedures manual including a written protocol for dissemination of parent and provider brochures during ICCP Orientations and during child care referrals.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate policies and procedures for providing information on and referring families to existing developmental screening resources and services to all IdahoSTARS staff, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

DHW, CCRC staff, State and City Daycare Licensers

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Provide and review both the parent and provider developmental screening brochures to providers during CCDF provider orientations (ICCP Orientations).

Projected start date for each activity: 07/31/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Provide technical assistance activities through the Child Care Health Consultant Program and Child Care Resource and Referral Consultants to support interested programs with conducting developmental screening onsite.

Projected start date for each activity: 11/01/2015 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Idaho Infant Toddler Program (IDEA Part C) and Idaho IDEA Section 619 Coordinator; Early Childhood Coordinating Council (EC3), Head Start

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop webpage on the IdahoSTARS website (IdahoSTARS Developmental Screening webpage) with information and links to the Idaho EPSDT application

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(Early Periodic Screening, Diagnosis, and Treatment), Infant Toddler Program (Part C), and local school districts with information for child care provders and parents. Publish content for website and communicate website updates to Training Resource Specialists, Child Care Health Consultants, and all Child Care Resource Centers.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Idaho Infant Toddler Program (IDEA Part C) and Idaho IDEA Section 619 Coordinator; Early Childhood Coordinating Council (EC3), Head Start, local school districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS develops and begins distributing two different kinds of brochures that are parent focused and provider focused. Brochures will be translated to Spanish, and finalized with IdahoSTARS branding.Brochures will assist child care providers with referring families for developmental screening and assist families with determining where and how to access developmental screenings for children. The brochure will refer to the Ages and Stages Questionnaire that is available, for free, to parents and providers for ages one (1) month through five and one half years (5 1/2). Additionally, information will be included for contacting the local school district for screenings for older children.

Projected start date for each activity: 03/31/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Idaho Infant Toddler Program (IDEA Part C) and Idaho IDEA Section 619

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Coordinator; Early Childhood Coordinating Council (EC3), Head Start

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the University of Idaho Contract for procedures for providing information on and referring families to existing developmental screening resources and services.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Univeristy of Idaho- IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS staff make any necessary updates to policy and procedures manual including a written protocol for dissemination of parent and provider brochures during ICCP Orientations and during child care referrals.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate policies and procedures for providing information on and referring families to existing developmental screening resources and services to all

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IdahoSTARS staff, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

DHW, CCRC staff, State and City Daycare Licensers

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Provide and review both the parent and provider developmental screening brochures to providers during CCDF provider orientations (ICCP Orientations).

Projected start date for each activity: 07/31/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint
 A substantiated complaint is one that is determined valid by the observation or collection of competent evidence.
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

Complaint records are held both electronically and in hard copy.

c) How does the State/Territory make substantiated parental complaints available to the public on request

Substantiated parental complaints are made available by the public health districts or IDHW

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upon request in accordance with Idaho's Public Records Law, Idaho Code 74-101 through 74-126.

d) Describe how the State/Territory defines and maintains complaints from others about providers

Complaints from others are maintained in the same manner as complaints from parents.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

Application in other languages (application document, brochures, provider notices)
☑Informational materials in non-English languages
Training and technical assistance in non-English languages
Website in non-English languages
Lead Agency accepts applications at local community-based locations
Bilingual caseworkers or translators available
☑ Bilingual outreach workers
Partnerships with community-based organizations
Other
None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

IdahoSTARS offers most services and informational material in both English and Spanish. IdahoSTARS partners with META's Nino Program, (Micro Enterprise Training and Assistance), which supports refugee businesses with a focus on refugee child care. This

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partnership provides training with translators for all languages for the participating refugees. Eligibility staff have unrestricted access to telephonic translation services with the ability to translate and interpret 240 languages. Staff can utilize that service to assist with the completion of applications, the translation of notices, and to assist in gathering of required verifications. For example, eligibility staff can utilize the translation service to help an applicant request pay information from their employer.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

As a part of the State's Early Childhood Coordinating Council, Child Care outreach and education services are shared across systems for which the Idaho Council on Developmental Disabilities is present as well as representation from the Idaho School for the Deaf and Blind, the Department of Education 619 Coordinator, and the University of Idaho's Center on Disabilities and Human Development.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.	3.1 Describe the status of State/Territory's consumer education website.
	Fully implemented and meeting all Federal requirements outlined above - by March 1
	2016.

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Provide the link to the website:

and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe
- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe
- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe
- d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe
- e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) 11/19/2017

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Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The IdahoSTARS ICCP Provider Website is consumer friendly page that connects providers to...

- A description of health and safety requirements and licensing or regulatory requirements for child care providers.
- A description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers.
- http://www.idahostars.org/?q=ICCP

Unmet requirement - Identify the requirement(s) to be implemented Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Define business requirements for building a new statewide complaint tracking system, for gathering provider information including health and safety, licensing or regulatory requirements met by the provider.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 03/31//2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

IdahoSTARS, Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate new requirements regarding the sharing of provider-specific information about health and safety, licensing or regulatory requirements met by the provider with regional Health Districts, IdahoSTARS, regional CCRC staff, and

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state and city daycare licensers.

Projected start date for each activity: 06/01/2017 Projected end date for each activity: 08/31/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Use a consumer-friendly website to begin sharing provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations)

Projected start date for each activity: 05/01/2016 Projected end date for each activity: 11/19/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Health District, IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Define criteria necessary to be tracked in complaint system and transferred to IdahoSTARS system for publishing on a consumer friendly website.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

IdahoSTARS, Health Districts

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new requirements regarding the sharing of provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations).

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback

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on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new requirements regarding the sharing of providerspecific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations) reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 07/31/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of new requirements regarding the sharing of provider-specific information about health and safety, licensing or regulatory requirements met by the provider.

Projected start date for each activity: 06/01/2017 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

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IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District and University of Idaho contracts for sharing of provider-specific information about health and safety, licensing or regulatory requirements met by the provider.

Projected start date for each activity: 04/01/2017 Projected end date for each activity: 06/30/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2017 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with to complete implementation of this activity

DHW

Unmet requirement - Identify the requirement(s) to be implemented Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

Define business requirements for building a new statewide complaint tracking system, for gathering and aggregating information about the number of deaths, serious injuries, and incidences of substantiated child abuse in child care settings.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 03/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

IdahoSTARS, Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Define data and information about the number of deaths, serious injuries, and incidences of substantiated child abuse in child care settings necessary to be tracked in complaint system and transferred to IdahoSTARS system for publishing on a consumer friendly website.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 08/31/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with to complete implementation of this activity
IdahoSTARS, Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015

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Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new provider reporting requirements regarding deaths, serious injuries, and incidences of substantiated child abuse in child care settings.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming changes to reporting requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

IDAPA rules incorporating new provider reporting requirements regarding deaths, serious injuries, and incidences of substantiated child abuse in child care settings reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of new provider reporting requirements regarding deaths, serious injuries, and incidences of substantiated child abuse in child care settings.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate new requirements regarding the new provider reporting requirements regarding deaths, serious injuries, and incidences of substantiated child abuse in child care settings.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

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implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Begin sharing annual aggregate information about the number of deaths, number of serious injuries, and the number of incidences of substantiated child abuse in child care settings.

Projected start date for each activity: 05/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Health District, IdahoSTARS

Unmet requirement - Identify the requirement(s) to be implemented. The website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Define business requirements for building a new statewide complaint tracking system, for gathering provider information including health and safety, licensing or regulatory requirements met by the provider.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 03/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

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IdahoSTARS, Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Define criteria necessary to be tracked in complaint system and transferred to IdahoSTARS system for publishing on a consumer friendly website.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

IdahoSTARS, Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all stakeholders notifying them of new requirements regarding the sharing of provider-specific information about health and safety, licensing or regulatory requirements met by the provider, emphasizing the consumer friendly aspects of the published information.

Projected start date for each activity: 06/01/2017 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District and University of Idaho contracts for sharing of provider-specific information about health and safety, licensing or regulatory requirements met by the provider in a consumer friendly

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format.

Projected start date for each activity: 04/01/2017 Projected end date for each activity: 06/30/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Health District and University of Idaho

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual, to ensure published information is consumer friendly and in plain language prior to publishing.

Projected start date for each activity: 07/01/2017 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate new requirements regarding the consumer friendly standards for sharing of provider-specific information about health and safety, licensing or regulatory requirements with regional Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2017 Projected end date for each activity: 08/31/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete implementation of this activity

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Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Use a consumer-friendly website to begin sharing provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations).

Projected start date for each activity: 05/01/2016
Projected end date for each activity: 11/19/2017

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Health District, IdahoSTARS

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents" options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an

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eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

- a) The CCDF program serves childrenfrom 0 weeks (weeks/months/years) to 13 years (through age 12).
- b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))
 - Yes, and the upper age is the month of their eighteenth birthday (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: Physical or mental incapacity is defined as: Physically or mentally incapable of self-care, as verified by a licensed mental health professional or licensed practitioner of the healing arts. (IDAPA: 16.06.12.105.03.)
- c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))
 - Yes and the upper age is the month of their eighteenth birthday (may not equal or exceed age 19)

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3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

Child Custody: A child may move from one (1) parent's home to the other parent's home on a regular basis. The child may be a member of either household, but not both households. If the parents cannot agree on the child's household for the child care benefit, the child is included in the household with primary custody. Primary custody is determined by where the child is expected to spend fifty-one percent (51%) or more of the nights during a benefit period. When only one (1) parent applies for ICCP benefits, the child may be included in that parent's household even though they do not have primary physical custody of the child. (IDAPA: 16.06.12.105.04)

b) in loco parentis -

In Loco Parentis: Acting "in loco parentis" means a person who acts in place of a parent, assuming care and custody of a child by a formal or informal agreement with the child's parent. (IDAPA: 16.06.12.010.14)

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:

Employment: A job paying wages or salary at federal or state minimum wage, whichever is applicable, including work paid by commission or in-kind compensation. Full or part-time participation in a VISTA or AmeriCorps program is also employment. (IDAPA: 16.06.12.010.08)

Self-Employment. The parent is currently self-employed in a business that is a sole proprietorship. A sole proprietorship is a business owned by one (1) person. Restrictions apply for self-employment as follows:

- a. For the first six (6) months of self-employment benefits, actual activity hours are used.
- b. After receiving six (6) months of self-employment child care benefits, the number of

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activity hours will be limited. To calculate the activity hours, the gross monthly selfemployment income is divided by the current federal minimum wage. The qualifying activity hours are the lesser of the calculated activity hours or actual activity hours. (IDAPA: 16.06.12.200.02)

The parent must be currently employed or seeking work during the month following the loss of a job. If they lose a job and have not found a job within that month, they are not considered to be participating in an eligible activity. Families who are participating in Enhanced Work Programs funded by TANF, Office of Refuge Resettlement funding, or homeless shelters with structured case management. The period of time allowed for job search is limited by the period of time a person is eligible for TANF (24 months life time limit in Idaho) or ORR (8 months only) assistance and individuals who are homeless. Restrictions apply for self-employment. For the first six months of benefit assistance, actual activity hours are used to determine benefit assistance for a parent who is self-employed. After receiving six months of benefit assistance, the number of self-employment activity hours that will be used to calculate benefits can be limited for a parent who is self-employed.

To calculate the activity hours allowed, the gross monthly self-employment income is divided by the current federal minimum hourly wage to determine the number of self-employment activity hours allowed. The lesser of the calculated activity hours or actual activity hours will be used to determine the benefit assistance.

* attending job training

Job Training and Education Program: A program designed to provide job training or education. Programs may include high school, junior college, community college, college or university, general equivalency diploma (GED), technical school, and vocational programs. To qualify as a Job Training and Education Program, the program must prepare the trainee for employment. (IDAPA: 16.06.12.010.16.)

Training or Education. The parent is attending an accredited education or training program. The following restrictions apply to training or education activities:

- a. On-line classes cannot be counted as a qualifying activity for child care.
- b. Persons with baccalaureate degrees or who are attending post-baccalaureate classes do not qualify for child care benefits.

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- c. More than forty (40) months of post-secondary education has been used as a qualifying activity. (IDAPA: 16.06.12.200.03)
- * attending education

Job Training and Education Program: A program designed to provide job training or education. Programs may include high school, junior college, community college, college or university, general equivalency diploma (GED), technical school, and vocational programs. To qualify as a Job Training and Education Program, the program must prepare the trainee for employment. (IDAPA: 16.06.12.010.16.)

Training or Education. The parent is attending an accredited education or training program. The following restrictions apply to training or education activities:

- a. On-line classes cannot be counted as a qualifying activity for child care.
- b. Persons with baccalaureate degrees or who are attending post-baccalaureate classes do not qualify for child care benefits.
- c. More than forty (40) months of post-secondary education has been used as a qualifying activity. (IDAPA: 16.06.12.200.03)

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of
education and training participation alone (without additional minimum work requirements)?
✓Yes.
□ _{No.}
If no, describe additional requirements

- c) Does the Lead Agency provide child care to children in protective services?
 - Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.
 - Definition of protective services Services needed to reduce or eliminate the need for protective intervention.

 Preventive services permit families to participate in activities designed to reduce or eliminate the need for out-of-home placement of a child by the Department.
 (16.06.12.011.05.)
 - 2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-

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by-case basis? (658E(c)(5))
□Yes.
▼ No.
Note - If the Lead Agency elects to provide CCDF-funded child care to children in
foster care whose foster care parents are not working, or who are not in
education/training activities for CCDF purposes these children are considered to be in
protective services and should be included in the protective services definition above.
No.

3.1.4 Eligibility Criteria Based on Family Income

- a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?
 - * Definition of income -

All gross earned and unearned income is counted in determining eligibility and the child care benefit amount, unless specifically excluded. (IDAPA: 16.06.12.071.)

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

Note - If the income eligibility	y limits are not statewide, check her
Describe how many jurisdictions	s set their own income eligibility limit

Fill in the chart based on the most populous area of the state.

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Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABL E) \$/month Maximum "Entry" Income Level if Iower than 85% Current SMI	(d) (IF APPLICABL E) % of SMI [Divide (c) by (a), multiply by 100] Income Level if Iower than 85% Current SMI	(e) (IF APPLICABL E) \$/month Maximum "Exit" Income Level if Iower than 85% Current SMI	(f) (IF APPLICABL E) % of SMI [Divide (e) by (a), multiply by 100] Income Level if Iower than 85% Current SMI
1	n/a	n/a	n/a	n/a	n/a	n/a
2	\$3513	\$2986	\$1726	49%	no second tier	no second tier
3	\$4340	\$3689	\$2177	50%	no second tier	no second tier
4	\$5166	\$4391	\$2628	50%	no second tier	no second tier
5	\$5993	\$5094	\$3078	51%	no second tier	no second tier

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal <u>poverty guidelines</u> are available at http://aspe.hhs.gov/poverty/index.cfm.

- c) SMI Source and year The Low-Income Home Energy Assistance Program Announces the State Median Income Estimates for Federal Fiscal Year 2016: https://www.federalregister.gov/articles/2015/06/10/2015-14187/the-low-income-home-energy-assistance-program-announces-the-state-median-income-estimates-for
- d) These eligibility limits in column (c) became or will become effective on: October 1, 2015
- e) Provide the link to the income eligibility limits http://healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/ApplyforServices/Whoiseligible/tabid/1556/Default.aspx

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of <u>assistance for families whose income has increased at the time of redetermination</u>, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for

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wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Not yet started

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented A graduated phase-out of assistance for families whose income has increased at the time of redetermination, but remains below the federal threshold of 85% of State median income.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to educate providers and stakeholders on current subsidy practices, and introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children, and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined for Negotiated Rule Making process. Rules will incorporate policies for the graduated phase-out of assistance: including a second maximum income eligibility threshold and a sustained period of continued assistance before termination.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming subsidy changes and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications

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that educate on upcoming subsidy policy changes, and seek feedback on negotiable policies.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'.

Projected start date for each activity: 05/01/2016

Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate roll out of child care changes occurring beginning in the spring, every month until implemented in FAQ's, "Did You Know" Bulletins, and monthly Release Notes all created and communicated to all statewide DHW eligibility staff through email and video.

Projected start date for each activity: 04/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet

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requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Training for statewide staff on GO LIVE automation.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be creating new notices for families to reflect the updated requirements.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

DHW will be building the Graduated Phase Out rule into automation for eligibility for child care assistance. New Eligibility system with all new eligibility requirements roll live end of September 2016.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to

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complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

DHW can use the household income received over a longer period to anticipate income. If income changes seasonally, the Department can use the household income from the last season, comparable to the certification period, to anticipate income. (IDAPA: 16.06.12.075)

Unmet requirement - Identify the requirement(s) to be implemented. A process for initial determination and redetermination take into account irregular fluctuations in earnings.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to educate providers and stakeholders on current subsidy practices, and introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children, and the Idaho Afterschool Network

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be creating new notices for families to reflect the updated requirements.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW has drafted language to support rule and process changes to initial eligibility determination and redetermination, to account for income fluctuations and a maximum exit threshold of 85% state median income.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 11/30/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

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agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined for Negotiated Rule Making process.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming subsidy changes and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming subsidy policy changes, and seek feedback on negotiable policies.

Projected start date for each activity: 05/01/2016

Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'.

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Projected start date for each activity: 06/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be building the changes to initial eligibility determination and redetermination rules into automation for child care assistance. New Eligibility system development complete with all new eligibility requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate roll out of child care changes every month in FAQ's, "Did You Know" Bulletins, and monthly Release Notes all created and communicated to all statewide eligibility staff through email and video.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Training for statewide staff on GO LIVE automation.

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Projected start date for each activity: 07/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

Applicant identity.

Describe:

For all benefits programs, identity verification is required only once, unless later information raises a question about the individual's identity. Idaho has an automated verification system that is used by SNAP and Medicaid program workers called e-Verif I. This system interfaces with other systems such as vital statistics, Social Security, Dept. of Labor, Child Support, and other automated systems that is used to verify income and identity of all family members. (Benefits Process Manual: "Verifying Identity)

Applicant's relationship to the child.

Describe:

Household declaration on the application or with information in other benefit systems.

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Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

For all benefits programs, identity verification is required only once, unless later information raises a question about the individual's identity. Idaho has an automated verification system that is used by SNAP and Medicaid program workers called e-Verif I. This system interfaces with other systems such as vital statistics, Social Security, Dept. of Labor, Child Support, and other automated systems that is used to verify income and identity of all family members. (Benefits Process Manual: "Verifying Identity)

Work.

Describe:

Qualifying activities are verified with a school schedule, training schedule, and/or most recent 30 days of wages and working hours. Activities are verified every 6 months with scanned copies of all verifications stored in eCase. After October 1, 2016 verifications will be requested after 12 months, or if a change is reported by the client. For foster children, staff in the Division of Family and Community Services (FACS) verify a foster parent's activity hours. Unless a discrepancy is found, child care eligibility staff do not request additional verifications.

☑ Job Training or Educational Program.

Describe:

Qualifying activities are verified with a school schedule, training schedule, and/or most recent 30 days of wages and working hours. Activities are verified every 6 months with scanned copies of all verifications stored in eCase. After October 1, 2016 verifications will be requested after 12 months, or if a change is reported by the client. For foster children, staff in the Division of Family and Community Services (FACS) verify a foster parent's activity hours. Unless a discrepancy is found, child care eligibility staff do not request additional verifications.

Family Income.

Describe:

Family income is verified with most recent pay records and/or wage stubs, work verification forms completed by the employer, employer statements verifying income, collateral contacts, self-employment documents such as tax returns, and/or the Work Number. Income is verified every 6 months with scanned copies of all verifications stored in eCase. For foster children, household income is not counted.

Household composition.

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	Describe: Household declaration on the application or with information in other benefit systems. ✓ Applicant Residence. Describe: Household declaration on the application or with information in other benefit systems. For foster children, staff in the Division of Family and Community Services (FACS) verify a foster family's residence. Unless a discrepancy is found, child care eligibility staff do not request additional verifications. ✓ Other. Describe:						
	Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).						
3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?							
	 ☑ Time limit for making eligibility determinations. Describe length of time: 30 days maximum ☑ Track and monitor the eligibility determination process ☑ Other. Describe: 						
	None						

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3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2)of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency Idaho Department of Health and Welfare

b) Provide the following definitions established by the TANF agency.

"appropriate child care":

Appropriate child care is not available within a reasonable distance from the participant's home or work site. (IDAPA: 16.03.08.163) Exceptions will be made on a case-by-case basis by a reasonable person concept. Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances.

"reasonable distance":

Appropriate child care is not available within a reasonable distance from the participant's home or work site. (IDAPA: 16.03.08.163) Exceptions will be made on a case-by-case basis by a reasonable person concept. Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances.

"unsuitability of informal child care":

Informal child care by relatives or others is not available or is unsuitable. (IDAPA: 16.03.08.163) Exceptions will be made on a case-by-case basis by a reasonable person

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concept. Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances.

"affordable child care arrangements":

Exceptions will be made on a case-by-case basis by a reasonable person concept.

Reasonable person is defined as a person whose conduct would be that of a reasonably prudent person in the same or similar circumstances.

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

In writing

Verbally

Other.

Describe:

List the citation to this TANF policy.

List:

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

http://adminrules.idaho.gov/rules/current/16/0308.pdf

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did notchange under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

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3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": Special Needs. Any child with physical, mental, emotional, behavioral disabilities, or developmental delays identified on an Individual Education Plan (IEP) or an Individualized Family Service Plan (IFSP). (IDAPA: 16.06.12.011.10.)

and describe how services are prioritized:

Children with a verified special need may qualify for in-home care (care provided in their home), and may remain eligible for child care subsidies until the month of their eighteenth birthday. (IDAPA: 16.06.12.105.03 and 16.06.12400.02.c.)

b. Provide definition of "Families with very low incomes": Families with very low incomes are families participating with Temporary Assistance for Families in Idaho (TAFI). and describe how services are prioritized:

Participation with the Temporary Assistance for Families in Idaho (TAFI) program is a qualifying activity. TAFI families are not required to pay a copay; they receive the entire Local Market Rate for which they are eligible.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) Participation with the Temporary Assistance for Families in Idaho (TAFI) program is a qualifying activity. TAFI families are not required to pay a copay; they receive the entire Local Market Rate for which they are eligible.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required

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to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements
- b. Procedures to conduct outreach to homeless families to improve access to child care services
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target

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completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Immunization policies allow all children to receive care for a reasonable amount of time prior to completing immunization requirements. (IDAPA: 16.06.12.105.01)

Unmet requirement - Identify the requirement(s) to be implemented 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations);

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW has drafted language to support policy and process changes to support a streamlined eligibility process for children in homeless families.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 11/30/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Schedule and conduct partner meetings for the planning of policies and procedures specific to homeless families.

Projected start date for each activity: 03/01/2016

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Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop Policy and Process Manual changes as well as information and forms for agencies serving homeless families to distribute to potentially eligible families.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Work to develop agreements with homeless coordinating agencies to help families secure eligibility documentation.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be building the changes to initial eligibility determination and redetermination rules into automation for child care assistance. Build and roll live new eligibility system, incorporating homeless policies.

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Projected start date for each activity: 01/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate roll out of child care changes every month in FAQ's, "Did You Know" Bulletins, and monthly Release Notes all created and communicated to all statewide eligibility staff through email and video.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Training for statewide staff on GO LIVE automation.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented 3) conduct specific outreach to homeless families. (658E(c)(3))

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop Policy and Process Manual changes as well as information and forms for

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agencies serving homeless families to distribute to potentially eligible families.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Meet with State Department of Education Homeless Coordinator to identify partners who need to learn about this policy change, and develop outreach strategies to inform homeless families about potential eligibility.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 08/01/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

State Department of Education

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Coordinate communication strategies for outreach to teacher in- services, with State Department of Education Homeless Coordinator.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 08/01/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

State Department of Education

Tasks/Activities - What specific steps will you take to implement the unmet

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requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Present at State Biannual Federal Programs Meeting through Department of Education, seek support informing homeless families about potential eligibility.

Projected start date for each activity: 05/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

State Department of Education

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Gather/create printed materials (brochures, local resource list, services) to be distributed to providers via CCRC (Child Care Resource Centers) as resources for families; Create posters with clear message for next steps to be made available to child care programs for posting.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Create Talking Points for CCRC staff and for Providers for use when working with homeless families. Post Talking Points for Providers on the IdahoSTARS website.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity

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IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State <u>may not</u> terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State <u>may not</u> terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

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Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other) Not yet started

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented A minimum 12-month eligibility and redetermination period for CCDF families.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to educate providers and stakeholders on current subsidy practices, and introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children, and the Idaho Afterschool Network

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Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be creating new notices for families to reflect the updated requirements.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW has drafted language to support rule and process changes to initial eligibility determination and redetermination for 12-month eligibility.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 11/30/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined for Negotiated Rule Making process.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming subsidy changes and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming subsidy policy changes, and seek feedback on negotiable policies.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016

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Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be building the changes to initial eligibility determination and redetermination rules into automation for child care assistance.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate roll out of child care changes occurring in FAQ's, "Did You Know" Bulletins, and monthly Release Notes, all created and communicated to all statewide eligibility staff through email and video.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Training for statewide staff on GO LIVE automation.

agency to complete implementation of this activity

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

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Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Roll live new eligibility system with all new eligibility requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

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Tyes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.

List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

☑No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

When families report changes, staff members make every effort to prevent further disruption to the client's work or school by seeking supporting verifications through all available avenues prior to requesting additional paperwork. For example, staff may access the Work

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Number website, or make a collateral call to an employer to verify client employment information without requesting additional paperwork. If additional information, reevaluations, or applications are necessary to maintain eligibility clients are promptly notified and allowed 10 full days to provide the information and may submit it via mail, fax, e-mail, or in-person drop off. Some information may also be reported online, anytime, through our IdaLink website. TANF participants who are compliant with Enhanced Work Services (EWS) are automatically eligible for ICCP. They have no copay requirements and their TAFI benefits are excluded from their income (IDAPA 16.06.12.072.07 and 16.06.12.502) Upon approval of Temporary Assistance for Families in Idaho (TAFI or TANF), the Child Care program is automatically approved. No additional information is requested from the family unless EWS notifies the Child Care Program that the family is no longer compliant. Details for each eligibility process, with alternatives for requesting and receiving client information, are documented in the Division of Welfare's Benefit Process Manual which is located on the internal SharePoint server for the DHW Division of Welfare.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on <u>income</u> and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

Note - If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale

Fill in the chart based on the most populous area of the State.

Family Size	(a)	(b)	(c)	(d)	(e)	(f)
	Lowest "Entry" Income Level Where Copaym ent First Applied	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (b)?	Maximu m Highest "Entry" Income Level Before No Longer Eligible	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (e)?
1	n/a	n/a	n/a	n/a	n/a	n/a
2	\$0	\$40	n/a	\$1726	\$150	8.6%
3	\$0	\$40	n/a	\$2177	\$150	6.8%
4	\$0	\$40	n/a	\$2628	\$150	5.7%
5	\$0	\$40	n/a	\$3078	\$150	4.8%

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a) What is the effective date of the sliding fee scale(s)? 10/01/2015 b) Provide the link to the sliding fee scale http://www.healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/CashAssistance/ICC PCoPayChart.pdf 3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. Fee as dollar amount and Fee is per child with the same fee for each child Fee is per child and discounted fee for two or more children Fee is per child up to a maximum per family No additional fee charged after certain number of children Fee is per family Fee as percent of income and Fee is per child with the same percentage applied for each child Fee is per child and discounted percentage applied for two or more children Fee is per child up to a maximum per family No additional percentage applied charged after certain number of children Fee is per family Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: Other

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.	
Number of hours the child is in care	

Describe:

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□ Lower copayments for higher quality of care as defined by the State/Territory ☑ Other.
Describe other factors. Activity hours are projected for each month to determine how payments and copayments are calculated. A family's amount of qualifying activities for the month of the child care will be used when determining the family share of child care costs. While all adults must have a qualifying activity, calculations are based on the parent with the least amount of qualifying hours. The payment made by the Department will be the allowable local market rate or billed costs, whichever is lower, less the co-payment. (IDAPA: 16.06.12.201.01. and 16.06.12.502.02)
3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.
Will the Lead Agency waive family contributions/co-payments?
Tyes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.
The poverty level used by the Lead Agency for a family size of 3 is \$ ■ No, the Lead Agency does not waive family contributions/co-payments
3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?
Check all that apply:
Limits the maximum co-payment per family. Describe:

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Limits combined amount of copayment for all children to a percentage of family income.
List the percentage of the copayment limit.
Describe:
Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe:
Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe:

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

One-time fees for registering a child in a child care facility are payable above the local market rate, if the fee is charged to all who enroll in the facility. Fees may not exceed usual and customary rates charged to all families. Registration fees are separate from local market rates. (IDAPA: 16.06.12.500.03)

Other.

Describe:

In 2013 Idaho moved from a sliding fee scale based on a percentage of child care costs, to a flat-rate copay for each child. At that time, comprehensive statistical analysis was conducted to determine the minimum amount of copay to assess to families, while maintaining a consistent amount of payment to providers, thus enabling both families and providers to budget for consistent child care benefits. When the flat rate copay structure was implemented 75 percent of participating families experienced a decrease in their share of child care costs, demonstrating that the flat rate copayment is more affordable than a sliding fee scale for Idaho families. Flat rate copay amounts have not been increased since initial implementation, and anecdotal feedback from child care providers and clients has been positive when discussing the current copay structure compared to the previous rates. Finally, when the current flat rate copay structure is combined with the updated Local Market Rates effective on October 1, 2016 the majority of ICCP clients will again experience a decrease in

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their share of child care costs.

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

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The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

DHW conducts 'Informed Choice Interviews' with families who come into local offices to apply for services. During these interviews, families are provided information that they can use to make decisions regarding services. For child care specifically, families are referred to IdahoSTARS to search for an ICCP provider.

Eligible parents may choose among the following types of child care providers available under ICCP:

- 01. Child Care Center. A child care center cares for thirteen (13) or more children.
- 02. Group Child Care. Group child care is for seven (7) to twelve (12) children.
- 03. Family Child Care. Family child care is for six (6) or fewer children.
- 04. Relative Child Care. Relative child care is for six (6) or fewer related children.
- 05. In-Home Child Care. In-home child care is provided by a relative or non-relative in the home of the child. Eligibility for in-home child care is determined in accordance with Section 400 of Rules Governing the Idaho Child Care Program. (IDAPA: 16.06.12.101)
- 4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

Certificate form provides information about the choice of providers, in	ncluding high quality
providers —	

- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies

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Co-located resource and referral in eligibility offices Verbal communication at the time of application Community outreach, workshops or other in-person activities Other. Describe
4.1.3 Child Care Services Available through Grants or Contracts
a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1) Note : Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.
Yes. If yes, describe
the type(s) of child care services available through grants or contracts
the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)
the process for accessing grants or contracts
the range of providers available through grants or contracts
how rates for contracted slots are set for grants and contracts
how the State/Territory determines which entities to contract with for increasing supply and/or improving quality
if contracts are offered statewide and/or locally:
No. If no, skip to 4.1.4.
b) Will the Lead Agency use grants or contracts for child care services to achieve any of the

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following (check all that apply):
\square Increase the supply of specific types of care with grants or contracts for:
Programs to serve children with disabilities
Programs to serve infants and toddlers
Programs to serve school-age children
Programs to serve children needing non-traditional hour care
Programs to serve homeless children
Programs to serve children in underserved areas
\square Programs that serve children with diverse linguistic or cultural backgrounds
Programs that serve specific geographic areas
Urban
Rural
Other.
Describe:
Improve the quality of child care programs with grants or contracts for:
Programs providing comprehensive services, such as integrated child care in Head
Start, Early Head Start, summer or other programs
Programs meeting higher quality standards, such as higher rated QRIS programs,
accreditation or state pre-k programs that meet higher quality standards
Programs that provide financial incentives to teaching staff linked to higher
education and qualifications link increased education requirements to higher
compensation
Programs to serve children with disabilities or special needs
Programs to serve infants and toddlers
Programs to serve school-age children
Programs to serve children needing non-traditional hour care
Programs to serve homeless children
Programs to serve children in underserved areas
Programs that serve children with diverse linguistic or cultural backgrounds
Programs that serve specific geographic areas
□Urban

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Rural	
Other.	
Describe:	

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

PARENT OR CARETAKER ACCESS TO CHILD CARE PREMISES. Providers serving families who receive a child care subsidy shall allow parents or caretakers unlimited access to their children and to persons giving care, except that access to children will not be required if prohibited by court order. (IDAPA: 16.06.12.807.)

All ICCP participating child care providers must agree to and initial the following statement on their Idaho Child Care Program Provider Agreement:

Section B, Item 9:

Unlimited Access to Premises- I and any other provider or individual living in my home or providing care at my facility will allow parents and guardians unlimited access to their child(ren) at all times when care is occurring. If a parent or guardian has been granted limited or has been denied visitation rights by a court of competent jurisdiction, and the daycare operator has written documentation from the court "UNLIMITED ACCESS TO PREMISES" does not confer a right to visitation upon that parent or guardian.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum number of children in the care of the provider to meet

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minimum wage law or Fair Labor Standards Act

Describe:

Parents are responsible to pay persons providing care in the child's home the minimum wage, as required by the Fair Labor Standards Act (29 U.S.C. 206a) and other applicable state and federal requirements. (16.06.12.501.03.) Families must have three (3) or more ICCP eligible children in the home who are not in school at any time during the day and require child care.

Restricted based on provider meeting a minimum age requirement Describe:

Age of Provider. All child care providers providing services must be eighteen (18) years old or older. (IDAPA: 16.06.12.0802.01.)

Restricted based on hours of care (certain number of hours, non-traditional work hours)

Describe:

If there are fewer than three (3) children in the home who are eligible for ICCP and require child care, in-home care will be approved by the Department only when one (1) of the special circumstances are met, such as when: Parents' qualifying activity occurs during times when out-of-home care is not available. If child care is needed during any period when out-of home care is not available, in-home care will be approved for the entire time care is needed. A family is not expected to change between out-of-home and in-home care. (IDAPA: 16.06.12.400.02.a.)

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or medical condition Describe:

If there are fewer than three (3) children in the home who are eligible for ICCP and require child care, in-home care will be approved by the Department only when one (1) of the special circumstances are met, such as when: A child has a verified illness or disability that would place the child or other children in an out-of home facility at risk (IDAPA: 16.06.12.400.02.c.)

Restricted to in-home providers that meet some basic health and safety requirements Describe:

Each in-home care provider is responsible to ensure that health and safety requirements

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are met for children being cared for in the children's own home. In-home health and
safety inspections are not required for in-home care providers caring for children in the
children's own home. Because in-home care providers are exempt from health and safety
inspections, each in-home care provider must annually complete health and safety
training conducted by the local Health District in the child's home. The training conducted
in the child(ren)'s home covers the same health and safety requirements listed in a health
and safety inspection. (IDAPA: 16.06.12.401.0102.)
Other
Describe:
No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the

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results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

Methodolog	y. Did the State/Territory conduct a statistically and valid and reliable MRS, nethodology or both between July 1, 2013 and March 1, 2016?
☑ MRS	
Alterna	ative Methodology.
Describe:	
Both.	
Other.	
Describe:	

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

On two different occasions in 2015 the Idaho Child Care Program Advisory Panel members were provided presentations on the process, status and initial and final results of the Market Rate Survey. Members were given the opportunity to review the recommendations, ask

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questions and provide comments. The final Market Rate Survey was approved on December 16, 2015 and is published on the child care page of Idaho Department of Health and Welfare website.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

The market rate data were obtained from IdahoSTARS, the agency responsible for the state's Child Care Resource and Referral System. Provider data are maintained by IdahoSTARS using NACCRRAware, database software that generates child care referrals and reports and manages provider, client, and community data. Provider data were downloaded via text files and uploaded into Excel spreadsheets. The providers included in the analysis were required to be active and located in the state of Idaho, and the type of care provided was limited to child care centers, group care, and family care. In addition to basic information about the provider, the downloaded data included capacity and both full-time and part-time rates for five age groups: 0 - 12 months, 12 - 30 months, 30 - 60 months, 5 - 6 years, and 6 - 12 years. Providers were able to supply their rates in one or more of four modes: monthly, weekly, daily, and hourly rates. In order to perform the market rate analysis on consistent rate data, all rates (full- and part-time) were converted to monthly rate equivalents using standard conversion factors. (2015 Idaho Child Care Market Rate Analysis)

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets):

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To evaluate the market structure, three geographic levels were examined -- zip code, county, and region - as the basic unit for the analysis, and county was selected as the unit that best allowed differentiation between units without a large number of units with missing information. Following methodology used by several other states in their market rate analyses, principal components analysis and cluster analysis were performed to divide counties into groups so that the counties within a group had similar rate structures while counties in different groups had differing rate structures. These analyses resulted in identifying three groups of counties. (2015 Idaho Child Care Market Rate Analysis) b) Type of provider:

Multivariate analyses of variance were also performed to compare rates between licensed and exempt family care facilities and between provider types; these analyses showed no significant differences in rates between licensed and exempt family care facilities and no significant differences in rates between family and group care facilities. As a result, the provider types were divided into two groups for the market rate analysis: child care centers, and all group and family care facilities. (2015 Idaho Child Care Market Rate Analysis) c) Age of child:

With respect to age, children are divided into five categories in the IdahoSTARS database: 0 - 12 months, 13 through 30 months, 31 through 60 month, 5 through 6 years, and 6 through 12 years. These categories do not exactly align with the age groups used in provider licensing, and it is not possible to do any modifications to the age categories other than to combine the categories available in the Idaho STARS database. Within each of the age categories, rates are collected by IdahoSTARS for two "usage" categories: full-time and part-time. Some states collect rate data for school-age children for both school-year and summer/holiday periods, but the IdahoSTARS database does not collect separate data for the two periods (although a few providers have indicated summer rates using either multiple shifts or in a "Notes" field. As a result, the age and usage two-variable categorization scheme results in ten categories based. The market rate structure analysis will incorporate these ten categories, and the market rate analysis will provide percentiles for each of these ten categories. (2015 Idaho Child Care Market Rate Analysis)

d) Describe any other key variations examined by the market rate survey, such as quality level

Quality level was not considered in the 2015 survey.

4.2.5 Describe the process used by the State to make the results of the market rate

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survey widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) 12/16/2015
- b) Date report containing results were made widely available, no less than 30 days after the completion of the report 01/06/2016
- c) How the report containing results was made widely available and provide the link where the report is posted if available

The Idaho Child Care Market Rate Analysis is published on the Idaho Child Care Program website:

http://healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/ICCPMarketRateReport20 15.pdf

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

Note - If the payment rates are not set by the State/Territory, check here Describe how many jurisdictions set their own payment rates

a) Infant (6 months), full-time licensed center care in most populous geographic region

Rate \$ 594.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 40th

b) Infant (6 months), full-time licensed FCC care in most populous geographic region

Rate \$ 505.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.) Percentile: 40th

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c) Toddler (18 months), full-time licensed center care in most populous geographic region

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Rate $ 539.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.) Percentile: 30th
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d) Toddler (18 months), full-time licensed FCC care in most populous geographic region

```
Rate $ 473.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.) Percentile: 35th
```

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

```
Rate $ 492.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 30th
```

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

```
Rate $ 460.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.) Percentile: 40th
```

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

```
Rate $ 440.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.) Percentile: 65th
```

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

```
Rate $ 439.00 per MONTH unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 50th
```

i) Describe the calculation/definition of full-time care:

Determining Part Time/Full Time Hours: When a household consists of two adults, the ICCP system places the household in a category based on the parent with the least number of hours. For example, if one adult is considered part time and the other is considered full time, the ICCP system places the entire household in a part time category. The following is considered when determining part time or full time activities:

Multiple Activities (excluding education)

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Add activity hours in a given week to include three hours of travel time.

- -If total weekly hours exceed 25 or more, child is eligible for FULL TIME.
- -If total weekly hours are 24 or less, child is eligible for PART TIME.

Single Activity

When only one activity exists per adult, weekly hours are determined to include three hours of travel time.

- -If total weekly hours exceed 25 or more, child is eligible for FULL TIME.
- -If total weekly hours are 24 or less, child is eligible for PART TIME.

(Benefits Process Manual: CCPC- Qualifying Activity Hours)

- j) Provide the effective date of the payment rates: January 1, 2001
- k) Provide the link to the payment rates : http://healthandwelfare.idaho.gov/Portals/0/FoodCashAssistance/ICCPMarketRateReport20 15.pdf

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours	s
Describe:	

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Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe:
Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe:
Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe:
Tiered rate/rate add-on for programs serving homeless children. Describe:
Other tiered rate/rate add-on beyond the base rate. Describe:
✓ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

Historical records in the child care eligibility database indicate that the Local Market Rates were last updated in 2001. At that time the Local Market Rates for child care were established based on a survey of child care providers and the State's budgetary limitations. (16.06.12.305.01.a 7/1/99) As of October 1, 2016 Local Market Rates will be set at the 65th percentile of the 2015 Idaho Child Care Market Rate Analysis. The 65th percentile was selected based on the State's budgetary limitations.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the

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cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

DHW market rate survey is based on provider information updates which are conducted quarterly, by regional CCRC staff. The rates used in determining the proposed rate structure include rates charged by providers considered to be high quality. Idaho has not established tiered reimbursement at this current time, due to funding limitations.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

metric or benchmark of equal access - such as percentile that rates cover or proport of costs covered)? Check all that apply and describe.	
\square Payment rates are set at the 75th percentile or higher of the most recent survey.	
Describe:	
☐ Using tiered rates/differential rates as described in 4.3.3 to increase access for target needs. ☐ Rates based on data on the cost to the provider of providing care meeting certain	ted

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your

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standards
Describe:
\square Data on the size of the difference (in terms of dollars) between payment rates and the
75th percentile in the most recent survey, if rates are below the 75th percentile.
Describe:
☐ Data on the proportion of children receiving subsidy being served by high-quality
providers.
Describe:
CCDF children are served in programs meeting quality requirements. CCDF eligible
providers have to comply with stricter requirements than state licensed providers.
Children who are being cared for in Steps to Quality star rated facilities or facilities
enrolled to obtain a star rating are considered being cared for in high quality care. The
amount of CCDF children receiving high quality care is measured each year and reported
annually in the Quality Performance Report. In FFY 2015 16.5% of ICCP participants
were utilizing care considered to be high quality.
Data on where children are being served showing access to the full range of providers
Describe:
100% of parents currently receiving ICCP benefits are accessing child care. ICCP
participants are accessing every type of child care provider (center, group, family,
relative, and care in the child's home) and in FFY 2015 16.5% of ICCP participants were
utilizing care considered to be high quality.
Data on how rates set below the 75th percentile allow CCDF families access to the same
quality of care as families not receiving CCDF.
Describe:
Feedback from parents, including parent survey or parent complaints.
Describe:
Describe.
☑ Other.
Describe:
Supply and demand data for child care services in local areas/regions is collected by

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CCR&R Resource Specialists during the referral process, documented in the

NACCRRAware database and recorded on the Monthly Monitor Report.

CCR&R staff engage in collaboration and partnerships with public and private community agencies, councils, faith and community-based child care providers to increase the supply and quality of child care services in Idaho. CCR&R staff disseminates information on quality child care during family-centered community events, and participate in regional communities as members of local committees and councils to increase the quality and supply of child care services in every region.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Supply and demand data for child care services in local areas/regions is collected by CCRC Resource Specialists during the referral process, documented in the

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NACCRRAware database and recorded on the Monthly Monitor Report. Currently 100% of parents that are receiving ICCP benefits are accessing child care. Additionally, ICCP participants are accessing every type of child care provider (center, group, family, relative, and care in the child's home), and in FFY 2015 16.5% of ICCP participants were utilizing care considered to be high quality. After the October 1, 2016 implementation of updates to the Local Market Rates it is anticipated that the percentage of ICCP participants accessing high quality child care will increase; and data will continue to be collected and monitored about that progress.

Unmet requirement - Identify the requirement(s) to be implemented payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW conducted a market rate survey based on provider information updates which are conducted quarterly, by regional Child Care Resource Center staff.

Projected start date for each activity: 01/01/2015 Projected end date for each activity: 05/05/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes, including local market rate updates.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Program staff complete budget analysis to determine updated local market rate. (The rates used in determining the proposed rate structure include rates charged by providers considered to be high quality.)

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 01/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The 2015 Idaho Child Care Market Rate Analysis is published to the Idaho Child Care Program Website.

Projected start date for each activity: 12/16/2015 Projected end date for each activity: 01/06/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming subsidy changes including local market rate updates.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be building the updated local market rate rules into automation for child care assistance. Roll live new eligibility system with all new rates.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communication roll out of child care changes occurring in FAQ's, "Did You Know" Bulletins, and monthly Release Notes, all created and communicated to all statewide staff through email and video.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Training for statewide staff on GO LIVE automation.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

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Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW will be creating new notices for families to reflect the updated local market rates.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

☑Fully implemented and meeting all Federal requirements outlined above by March 1,
2016. Describe using 4.5.2 through 4.5.3 below.
Not implemented. If not implemented, the State/Territory must provide a State/Territory-
specific implementation plan for achieving compliance with this requirement, including
planned activities, necessary legislative or regulatory steps to complete, and target

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completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

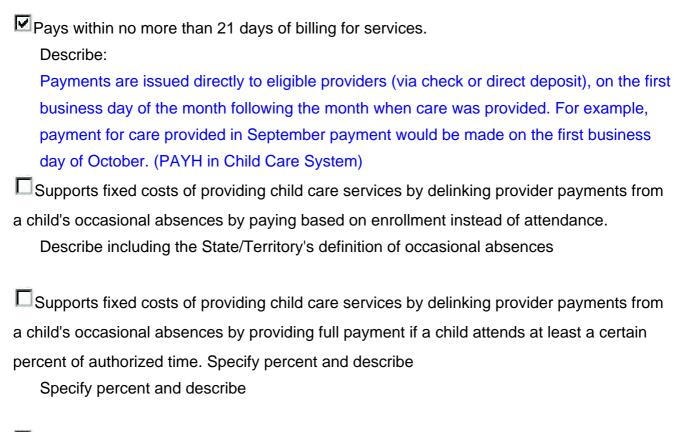
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Le	ad Age	ency
--------	--------	------

Pays prospective	vely prior to	the delivery	of services
Describe:			

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Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe Providers are obligated to bill the Idaho Child Care Program using their own usual and customary rates for child care to persons not entitled to receive benefits under ICCP; additionally Local Market Rates and copayments are based on the parents' qualifying activity hours, not the amount or frequency of a child's attendance at child care. Therefore if it is the provider's usual and customary practice to bill for absences, billed child care expenses will be paid for temporary breaks in attendance that are one month or less. (IDAPA: 16.06.12.501.02 and 16.06.12.504)

Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

Activity hours are projected to determine if payment is made on a full-time or part-time basis. Past activity hours may be used to project future activity hours if the employer and number of hours worked are the same and are expected to remain the same throughout the certification period. Hours for each qualifying activity must be projected individually and converted to a monthly amount. (IDAPA: 16.06.12.201)

Pays for standard and customary fees that the provider charges private-paying parents

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(e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

One-time fees for registering a child in a child care facility are payable above the local market rate, if the fee is charged to all who enroll in the facility. Fees may not exceed usual and customary rates charged to all families. Registration fees are separate from local market rates. (IDAPA: 16.06.12.500.03)

Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

Providers are notified of projected payment on the first day of the month, and are notified if a family's case closes or requires the completion of a reevaluation to remain eligible.

Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

Clients have 30 days from the date of the decision to request a Fair Hearing. Fair Hearing Officers review and responds to all requests within 5 calendar days of the "Fair Hearing Requested" task being set. They communicate the status of reinstatement/continuance of benefits pending the hearing result to the customer within 5 calendar days of the "Fair Hearing Requested" task being set. Then work with the client to coordinate and manage all aspects of a fair hearing to completion. (Benefits Process Manual: "Fair Hearing Process")

Other.	
_	

Describe:

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

Because providers have 10 days to report required changes, and families have up to 10 days after the month in which changes occurred to report, payments cannot be issued prior to delivery of services. (16.06.12.600. and 16.06.12.808) However, monthly payment projections are sent to each provider for each child in their care at the beginning of each month, or as children are enrolled throughout the month. Additionally, allowing families and providers the month of care to report changes and notify the Department of upcoming changes mitigates the potential overpayments that would be generated by paying prior to service delivery.

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timeliness of payments.
Policy on length of time for making payments.
Describe length of time:
DHW issues payments to child care providers on the first day of the month following the
month that care was provided.
\square Track and monitor the payment process
Describe:
✓ Use of electronic tools (e.g., automated billing, direct deposit, etc.)
Describe:
DHW provides all child care providers the opportunity to enroll in direct deposit when
applying to become an ICCP provider.
□Other.
Describe:
4.6 Supply Building Strategies to Meet the Needs of Certain Populations
The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. $(658 \ E(c)(2)(M))$
strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M)) 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?
strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M)) 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs? \[\textstyle{\
strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M)) 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?
strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M)) 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs? \[\textstyle{\
strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M)) 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs? □ Yes. □ Describe data sources

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Unmet needs that are identified during the referral process are problem solved on a local level and reported on the CCR&R quarterly monitor report.

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)
Grants and contracts (as discussed in 4.1.3)
Family child care networks
Start-up funding
Technical assistance support
Recruitment of providers
Tiered payment rates (as discussed in 4.4.1)
Other.
Describe
Enhanced Referrals for families who are experiencing difficulty with finding care for their
infant/toddler that meets their families' needs.
b) Children with disabilities (check all that apply)
Grants and contracts (as discussed in 4.1.3)
Family child care networks
Start-up funding
Technical assistance support
Recruitment of providers
Tiered payment rates (as discussed in 4.4.1)
Other.
Describe
Enhanced Referrals provided for families seeking care for children (child) with
disabilities/diverse abilities.
c) Children who receive care during non-traditional hours (check all that apply)
Grants and contracts (as discussed in 4.1.3)
Family child care networks
Start-up funding

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☑ Technical assistance support
Recruitment of providers
Tiered payment rates (as discussed in 4.4.1)
Other.
Describe
Enhanced Referrals provided for families seeking child care and have been unable to
locate care during the hours and days needed.
d) Homeless children (check all that apply)
Grants and contracts (as discussed in 4.1.3)
Family child care networks
Start-up funding
Technical assistance support
Recruitment of providers
Tiered payment rates (as discussed in 4.4.1)
Other.
Describe
4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it
uses, in terms of the investments made to increase access to programs providing high
quality child care and development services, to give priority for those investments to
children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))
unemployment and that do not have such high quanty programs. (000E(0)(2)(4))
Describe the status of State/Territory's process and procedures to give priority for
investments to children and families from areas with high concentrations of poverty and
unemployment that do not have high-quality programs. Fully implemented and meeting all Federal requirements outlined above.
Describe
Describe
Not implemented. If not implemented, the State/Territory must provide a State/Territory-

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specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Idaho currently has the ability to serve every family who applies and is deemed eligible for child care assistance throughout all areas of the State. Idaho's Child Care Resource Centers are present in all seven regions throughout the State, and specifically target the promotion of high quality care to families as well as provide technical assistance and coaching to providers.

Child Care Resource Centers provide access to all providers, resources pertaining to professional development and developmentally appropriate curriculum that can be rotated in and out of programs, depending on the need and focus area of the provider.

Unmet requirement - Identify the requirement(s) to be implemented increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Department of Health and Welfare will utilize geo-spatial software to analyze provider and family data to guide the development of processes for prioritizing investments to children and families.

Projected start date for each activity: 08/01/2016

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Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Results from geo-spatial data analysis will be used to determine future investments for priority groups, potential funding structures tied to quality, and investments toward promoting quality efforts in certain regions.

Projected start date for each activity: 08/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Gathering data elements to be considered for geo-spatial analysis of child care needs. Data sets include location of PDS participants, density of Steps to Quality sites, subsidy usage, and census data in relation to Federal Poverty Levels and ALICE (Asset Limited, Income Constrained, Employed) scores.

Projected start date for each activity: 07/01/2016
Projected end date for each activity: 08/01/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
United Way, IdahoSTARS

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5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of

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each licensed category of care

301. TYPES OF DAYCARE LICENSES. Subject to meeting all requirements under Title 39, Chapter 11, Idaho Code, and the rules and minimum standards in this chapter, the Department will determine the type of daycare license required by an owner or operator providing daycare by counting each child in attendance, regardless of relationship to the person or persons providing the care. The following types of daycare licenses may be issued by the Department.

- 01. Daycare Center License. A daycare center license is issued for a place or facility providing daycare, where thirteen (13) or more children, regardless of relationship to the person or persons providing the care, are in attendance.
- 02. Group Daycare Facility. A group daycare facility license is issued for a place or facility providing daycare, where seven (7) to twelve (12) children, regardless of relationship to the person or persons providing the care, are in attendance.
- 03. Family Daycare Home. A family daycare home is not required to be licensed. However, a family daycare home may voluntarily elect to be licensed by the Department. (IDAPA: 16.06.02.301)

Additionally Idaho Statute (39-1108) provides cities and counties the option to enact their own child care licensing regulations as long as the local ordinances are as strict or more stringent than the State's regulations. The following cities have local child care licensing ordinances: Boise, Kuna, Chubbuck, Pocatello, Hailey, Ponderay, Ammon, Idaho Falls, Jerome, Coeur d'Alene, Moscow, Lewiston, and Filer. Additional information about city licensing requirements can be found here:

http://www.211.idaho.gov/daycare/daycarelicensing.html
http://www.211.idaho.gov/pdf/CITY-COUNTY%20DC%20LIC%20REQ%20CHART.pdf

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?



Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

License exempt providers, who participate with the Idaho Child Care Program must complete and pass a Criminal History and Background Check prior to becoming eligible

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for payment. Additionally license exempt providers, excluding in-home providers, must complete and pass the same health and safety inspection required of licensed providers. Providers who provide care in the child's home must complete an individual, annual health and safety training at the location where care is being provided, conducted by the same individual that completes health and safety inspections, that covers all topics addressed in the inspections of licensed and exempt facilities.

Topics covered in health and safety inspections and trainings include, but are not limited to: The age of the provider, sanitary food preparation, food storage, hazardous substances, emergency communication, smoke detectors, hand washing, pediatric CPR and First Aid, health of the provider, and child abuse prevention and reporting.

100	NI.
	INO

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above.	Describe	using
5.1.4 and 5.1.5 below.		

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- a) Licensed Center-Based Care
 - 1. Infant
 - State/Territory age definition:

A child under the age of 24 months.

- Ratio:

1 adult to 6 infants

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more

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stringent group size requirements.

The maximum Occupancy Load for a child care facility is required to be determined prior to the issuance of a daycare license. (IDAPA 16.06.02.350) Occupant loads are determined by the local fire official according to the current Idaho Fire Code, which is based on the International Fire Code. (

http://www.doi.idaho.gov/SFM/Docs/Idaho_Fire_Code_2012.pdf)

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider requested a Center Daycare License for 50 children, but the total maximum occupancy load for the facility was set at a maximum of 30 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 30 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

2. Toddler

- State/Territory age definition:

A child aged twenty-four (24) months to under thirty-six (36) months of age.

- Ratio:

1 adult to 8 toddlers.

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the

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lowest number of children is the most allowed. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

The maximum Occupancy Load for a child care facility is required to be determined prior to the issuance of a daycare license. (IDAPA 16.06.02.350) Occupant loads are determined by the local fire official according to the current Idaho Fire Code, which is based on the International Fire Code. (

http://www.doi.idaho.gov/SFM/Docs/Idaho_Fire_Code_2012.pdf)

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider requested a Center Daycare License for 50 children, but the total maximum occupancy load for the facility was set at a maximum of 30 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 30 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

3. Preschool:

- State/Territory age definition:

A child aged thirty-six (36) months to under five (5) years of age.

- Ratio:

1 adult to 12 preschool aged children.

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care

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programs. When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

The maximum Occupancy Load for a child care facility is required to be determined prior to the issuance of a daycare license. (IDAPA 16.06.02.350) Occupant loads are determined by the local fire official according to the current Idaho Fire Code, which is based on the International Fire Code. (

http://www.doi.idaho.gov/SFM/Docs/Idaho_Fire_Code_2012.pdf)

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider requested a Center Daycare License for 50 children, but the total maximum occupancy load for the facility was set at a maximum of 30 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 30 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

4. School-Age

- State/Territory age definition:

A child five (5) years to under thirteen (13) years of age.

- Ratio:

1 adult to 24 school age children.

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. Additionally the ratio point system

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limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

The maximum Occupancy Load for a child care facility is required to be determined prior to the issuance of a daycare license. (IDAPA 16.06.02.350) Occupant loads are determined by the local fire official according to the current Idaho Fire Code, which is based on the International Fire Code. (

http://www.doi.idaho.gov/SFM/Docs/Idaho_Fire_Code_2012.pdf)

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider requested a Center Daycare License for 50 children, but the total maximum occupancy load for the facility was set at a maximum of 30 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 30 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

5. If any of the responses above are different for exempt child care centers, describe:

Idaho does not exempt child care centers.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

Under Section 39-1109, Idaho Code, all providers are subject to the adult to child ratios point systems as follows:

The maximum allowable points for each staff member is twelve (12), using the following point system which is based on the age of each child in attendance:

a. Under the age of twenty-four (24) months, each child equals two (2) points.

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- b. From the age of twenty-four (24) months to under the age of thirty-six (36) months, each child equals one and one-half (1 1/2) points.
- c. From the age of thirty-six (36) months to under the age of five (5) years, each child equals one (1) point. (3-21-12)
- d. From the age of five (5) years to under the age of thirteen (13) years, each child equals one-half (1/2) point.

Compliance with Child-Staff Ratios. Child-staff ratios must be maintained at all times during all hours of operation when children are in attendance and when transporting children.

- **a.** Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios;
- **b.** Each adult staff member who is providing direct care for a child or children is counted by the Department as one (1) staff member for the purposes of counting the number of staff on-duty and determining compliance with child-staff ratios; and
- **c.** Each staff member sixteen (16) and seventeen (17) years of age under the supervision of an adult staff member, when providing direct care for a child or children, may be counted by the Department as one (1) staff member for the purposes of counting the number of staff on-duty and determining compliance with child-staff ratios. (IDAPA 16.06.02.335.)

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs.

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

b) Licensed Group Child Care Homes:

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1. Infant

- State/Territory age definition:

A child under the age of 24 months.

- Ratio:

1 adult to 6 infants

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. (A provider with a Group Daycare License can never have more than 12 children in their care.) Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. For example, a provider with a Group Daycare License can never have more than 12 children at the facility at one time, AND may not exceed 12 ratio points per provider which may further limit the number of children allowed in care.

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider has a Group Daycare License (maximum of 12 children), but the maximum occupancy load for the facility was set at a maximum of 10 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 10 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

2. Toddler

- State/Territory age definition:

A child aged twenty-four (24) months to under thirty-six (36) months of age.

- Ratio:

1 adult to 8 toddlers.

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- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. (A provider with a Group Daycare License can never have more than 12 children in their care.) Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. For example, a provider with a Group Daycare License can never have more than 12 children at the facility at one time, AND may not exceed 12 ratio points per provider which may further limit the number of children allowed in care.

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider has a Group Daycare License (maximum of 12 children), but the maximum occupancy load for the facility was set at a maximum of 10 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 10 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

3. Preschool:

- State/Territory age definition:

A child aged thirty-six (36) months to under five (5) years of age.

- Ratio:

1 adult to 12 preschool aged children.

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. (A provider with a Group Daycare License can never have more than 12 children in their care.) Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child

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care programs. For example, a provider with a Group Daycare License can never have more than 12 children at the facility at one time, AND may not exceed 12 ratio points per provider which may further limit the number of children allowed in care.

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider has a Group Daycare License (maximum of 12 children), but the maximum occupancy load for the facility was set at a maximum of 10 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 10 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

4. School-Age

- State/Territory age definition:

A child five (5) years to under thirteen (13) years of age.

- Ratio:

1 adult to 24 school age children.

- Group Size:

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. (A provider with a Group Daycare License can never have more than 12 children in their care.) Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. For example, a provider with a Group Daycare License can never have more than 12 children at the facility at one time, AND may not exceed 12 ratio points per provider which may further limit the number of children allowed in care.

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of

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children is the most allowed. For example, if a provider has a Group Daycare License (maximum of 12 children), but the maximum occupancy load for the facility was set at a maximum of 10 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 10 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

Group Child Care. Group child care is for seven (7) to twelve (12) children. (IDAPA: 16.06.12.101.)

Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios. (IDAPA: 16.06.02.335.)

Under Section 39-1109, Idaho Code, all providers are subject to the adult to child ratios point systems as follows:

The maximum allowable points for each staff member is twelve (12), using the following point system which is based on the age of each child in attendance:

- a. Under the age of twenty-four (24) months, each child equals two (2) points.
- b. From the age of twenty-four (24) months to under the age of thirty-six (36) months, each child equals one and one-half (1 1/2) points.
- c. From the age of thirty-six (36) months to under the age of five (5) years, each child equals one (1) point. (3-21-12)
- d. From the age of five (5) years to under the age of thirteen (13) years, each child equals one-half (1/2) point.

Compliance with Child-Staff Ratios. Child-staff ratios must be maintained at all times during all hours of operation when children are in attendance and when transporting children.

a. Each child in attendance is counted by the Department for the purposes of calculating

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maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios;

- b. Each adult staff member who is providing direct care for a child or children is counted by the Department as one (1) staff member for the purposes of counting the number of staff on-duty and determining compliance with child-staff ratios; and
- c. Each staff member sixteen (16) and seventeen (17) years of age under the supervision of an adult staff member, when providing direct care for a child or children, may be counted by the Department as one (1) staff member for the purposes of counting the number of staff on-duty and determining compliance with child-staff ratios. (IDAPA 16.06.02.335.)

The maximum Occupancy Load for a child care facility is required to be determined prior to the issuance of a daycare license. (IDAPA 16.06.02.350) Occupant loads are determined by the local fire official according to the current Idaho Fire Code, which is based on the International Fire Code. (

http://www.doi.idaho.gov/SFM/Docs/Idaho_Fire_Code_2012.pdf)

Each type of child care setting is limited by their Provider Agreement or Daycare License to the total number of children in their care. (A provider with a Group Daycare License can never have more than 12 children in their care.) Additionally the ratio point system limits the number of children per provider based on the children's ages, which is an important developmental consideration when evaluating mixed-age child care programs. For example, a provider with a Group Daycare License can never have more than 12 children at the facility at one time, AND may not exceed 12 ratio points per provider which may further limit the number of children allowed in care.

When monitoring group size the ICCP Provider Agreement, Daycare License Type, Occupancy Load, and child ratio points are all considered and the lowest number of children is the most allowed. For example, if a provider has a Group Daycare License (maximum of 12 children), but the maximum occupancy load for the facility was set at a maximum of 10 people on site by the local Fire Marshall. The provider would be limited to the Occupancy Load of no more than 10 people (adults plus children) on site, and ratio points may further limit the amount of children allowed in the provider's care based on the children's ages. (IDAPA 16.06.02.301, 16.06.02.335, 16.06.02.350) Additionally, cities and local municipalities may elect to administer more stringent group size requirements.

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6. If any of the responses above are different for exempt group child care homes, describe

Idaho does not exempt group child care homes.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

- (4) (a) The maximum allowable child:staff ratio shall be a maximum of twelve (12) points per staff member using the following point system:
- (i) Each child in attendance under the age of twenty-four (24) months shall equal two (2) points.
- (ii) Each child in attendance from twenty-four (24) months to under thirty-six (36) months of age shall equal one and one-half (1 1/2) points.
- (iii) Each child in attendance from thirty-six (36) months to under five (5) years of age shall equal one (1) point.
- (iv) Each child in attendance from five (5) years to under thirteen (13) years of age shall equal one-half (1/2) point.
- (b) Each child in attendance shall be counted by the department for purposes of calculating maximum allowable points, counting the number of children in attendance and for determining compliance with child:staff ratios.

(39-1109.Idaho Code.)

Describe the group size:

Maximum group size for family child care is for six (6) or fewer children. (IDAPA: 16.06.12.101.) However, per Idaho Code 39-1108, cities and local municipalities may elect to administer more stringent licensing requirements.

Describe the threshold for when licensing is required:

Group Daycare Facility. A group daycare facility license is issued for a place or facility providing daycare, where seven (7) to twelve (12) children, regardless of relationship to the person or persons providing the care, are in attendance. (IDAPA: 16.06.12.101.)

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Describe the maximum number of children that are allowed in the home at any one time:

Maximum group size for family child care is for six (6) or fewer children. (IDAPA: 16.06.12.101.) However, per Idaho Code 39-1108, cities and local municipalities may elect to administer more stringent licensing requirements.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios. (IDAPA: 16.06.02.335.)

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

Limits are consistent during all operating hours.

2. If any of the responses above are different for exempt family child care home providers, describe

The responses above are not different for exempt family child care home providers.

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Relative Child Care. Relative child care is for six (6) or fewer related children. (IDAPA: 16.06.12.101.)

- (4) (a) The maximum allowable child:staff ratio shall be a maximum of twelve (12) points per staff member using the following point system:
- (i) Each child in attendance under the age of twenty-four (24) months shall equal two (2) points.
- (ii) Each child in attendance from twenty-four (24) months to under thirty-six (36) months of age shall equal one and one-half (1 1/2) points.

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- (iii) Each child in attendance from thirty-six (36) months to under five (5) years of age shall equal one (1) point.
- (iv) Each child in attendance from five (5) years to under thirteen (13) years of age shall equal one-half (1/2) point.
- (b) Each child in attendance shall be counted by the department for purposes of calculating maximum allowable points, counting the number of children in attendance and for determining compliance with child:staff ratios.

(39-1109.Idaho Code.)

Describe group size:

Relative Child Care. Relative child care is for six (6) or fewer related children. (IDAPA: 16.06.12.101.)

Describe the threshold for when licensing is required:

Group Daycare Facility. A group daycare facility license is issued for a place or facility providing daycare, where seven (7) to twelve (12) children, regardless of relationship to the person or persons providing the care, are in attendance. (IDAPA: 16.06.12.101.)

Describe maximum number of children that are allowed in the home at any one time: Relative Child Care. Relative child care is for six (6) or fewer related children. (IDAPA: 16.06.12.101.)

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Each child in attendance is counted by the Department for the purposes of calculating maximum allowable points, counting the number of children in attendance, and for determining compliance with child-staff ratios. (IDAPA: 16.06.02.335.)

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

Limits are consistent during all operating hours.

- 5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))
 - a) Licensed Center-Based Care:

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1. Infant lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant teacher qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings

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must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

2. Toddler lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant teacher qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen

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(18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

3. Preschool lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

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Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant teacher qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

4. School-Age lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits

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must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant teacher qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA

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16.06.02.330)

5. Director qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Each owner or operator of a daycare center licensed by the Department must receive and ensure that each staff member receives and completes four (4) hours of ongoing training every twelve (12) months after the staff member's date of hire. Required trainings must be related to continuing education in child development, does not include their pediatric CPR and pediatric first aid training, and must be documented and maintained in each staff member's record.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

b) Licensed Group Child Care Homes:

1. Infant lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

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Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

2. Toddler lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

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and assistant qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

3. Preschool lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease

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or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

4. School-Age lead teacher

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

and assistant qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

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Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Additionally, each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330) d) Other eligible providers qualifications:

All ICCP child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. Each provider must certify that he does not have a communicable disease or any physical or psychological condition that might pose a threat to the safety of a child in his care. All ICCP providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must successfully receive clearance from a comprehensive criminal history and background check.

Providers must insure that at all times children are present at least one (1) adult on the premises has current certification in pediatric rescue breathing and first aid treatment from a certified instructor. (IDAPA 16.06.12.802.08.)

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5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

- a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:
 - Prevention and control of infectious diseases (including immunization)
 - Prevention of sudden infant death syndrome and use of safe sleeping practices
 - Administration of medication, consistent with standards for parental consent
 - Prevention of and response to emergencies due to food and allergic reactions
 - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
 - Prevention of shaken baby syndrome and abusive head trauma
 - Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
 - Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
 - Precautions in transporting children (if applicable)
 - First aid and cardiopulmonary resuscitation

☐Yes. The State/Territory certifies that it h	as health and safety requirements for CCDF
providers in these areas as of March 1, 201	6.

Provide a citation and a link if available

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No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

ICCP providers must insure that at all times children are present at least one adult on the premises has current certification in pediatric rescue breathing and pediatric first aid treatment from a certified instructor. (IDAPA 16.06.12.802.08.)

Each provider must wash his hands with soap and water at regular intervals including before feeding, after diapering or assisting children with toileting, after nose wiping, and after administering first aid. (IDAPA 16.06.12.802.07.)

A child eligible for child care benefits must be immunized in accordance with the "Immunization Requirements for Children Attending Licensed Daycare Facilities in Idaho." Immunization records must be maintained by child care providers and are subject to inspection. (IDAPA 16.06.12.810.01.a.)

Providers must store medications, cleaning supplies, and other hazardous substances out of the reach of children. (IDAPA 16.06.12.802.04.)

Child care providers must report child abuse to the appropriate authority, and will have their ICCP Provider Agreement terminated if it is determined that they engaged in abusive conduct. (IDAPA 16.06.12.802.10.)

Food for use in child care facilities must be prepared and served in a sanitary manner.

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Utensils and food preparation surfaces must be cleaned and sanitized before using to prevent contamination. (IDAPA 16.06.12.802.02.)

All food served in child care facilities must be stored to protect it from potential contamination. (IDAPA 16.06.12.802.03.)

Unmet requirement - Identify the requirement(s) to be implemented Prevention of sudden infant death syndrome and use of safe sleeping practices

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 05/31/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

agency to complete implementation of this activity

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

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agency to complete implementation of this activity IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

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Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Administration of medication, consistent with standards for parental consent

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016

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Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

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Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Building and physical premises safety, including identification of and protection from hazards that

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can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/0216 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers

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and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 07/31/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/0216
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Health District

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

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agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Prevention of shaken baby syndrome and abusive head trauma

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

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agency to complete implementation of this activity IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

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Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 06/030/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016

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Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016
Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Precautions in transporting children (if applicable)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/0216 Projected end date for each activity: 05/31/2016

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Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of

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subsidy and quality changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet

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requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity $\ensuremath{\mathsf{DHW}}$

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

Unmet requirement - Identify the requirement(s) to be implemented Prevention of and response to emergencies due to food and allergic reactions

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming health and safety changes.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

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Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of subsidy and quality changes.

Projected start date for each activity: 06/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for monitoring provider compliance with new health and safety requirements.

Projected start date for each activity: 04/01/2016

Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health District staff make any necessary updates to inspection checklists and operations and procedures manual.

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Projected start date for each activity: 07/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated health and safety standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, IdahoSTARS, CCRC staff, State and City Daycare Licensers

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or

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education hours required to meet these health and safety requirements

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

IdahoSTARS offers training and technical assistance/coaching on the identified health and safety requirements. Specific TA related to health and safety issues is available from the Child Care Health Consultants, and ongoing health and safety training opportunities are made available on the Training Calendar each month. Additionally Essential Training 1 incorporates 9 health and safety requirements, excluding pediatric CPR and pediatric First Aid which is a separate course requirement.

ICCP providers must insure that at all times children are present at least one adult on the premises has current certification in pediatric rescue breathing and pediatric first aid treatment from a certified instructor. (IDAPA 16.06.12.802.08.)

Each owner or operator of a daycare center, group daycare facility, or family daycare home voluntarily licensed by the Department must receive and ensure that each staff member receives and completes Pediatric Rescue Breathing, Infant-Child CPR, and Pediatric First Aid Treatment certification from a certified instructor. (IDAPA 16.06.02.330)

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015
Projected end date for each activity: 12/01/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated preservice/orientation health and safety training standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW and IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, CCRC staff, State and City Daycare Licensers

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

All providers complete training requirements appropriate to the provider setting that

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address each of the updated health and safety requirements.

Projected start date for each activity: 09/30/2016 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW and IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

ICCP Child Care Providers statewide

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Based on feedback recieved during negotiated rulemaking, develop and implement policies and procedures for providers that have recently completed Essential Training 1.

Projected start date for each activity: 06/30/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW and IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new health and safety training requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet

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requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming health and safety training requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers seeking feedback on upcoming health and safety training changes.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update currently available Essential Training 1 (ET1) to emphasize the CCDF health and safety training requirements. Augment sections of Essential Training 1 to specifically address abusive head trauma, transportation, storage of hazardous materials and biocontaminants, and emergency preparedness and response planning,

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new health and safety training requirements reviewed and set as 'temporary proposed'.

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Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and distribute informational material that defines the new preservice/orientation training requirements to include the identified training; the number of hours; and time frame for completing the training.

Projected start date for each activity: 06/30/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS and DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise IdahoSTARS Operations Manual and Process and Procedures as needed to identify required training changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Develop and distribute internal training/message for all IdahoSTARS personnel as appropriate.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of training changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS

Unmet requirement - Identify the requirement(s) to be implemented ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Attend regional AEYC (Association for the Education of Young Children) conferences (North Idaho, Snake River, Eastern Idaho, and Treasure Valley), and the Idaho Afterschool Network Conference to introduce upcoming changes due to Reauthorization.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 12/01/2015

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Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Regional Associations for the Education of Young Children and the Idaho Afterschool Network

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

All CCDF providers will have completed their ongoing training requirements, appropriate to the provider setting, that address each of the requirements relating to the required topic areas.

Projected start date for each activity: 09/30/2016 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW, IdahoSTARS, Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined incorporating new ongoing health and safety training requirements.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking, with in-person meetings and presentations in

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Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming ongoing health and safety training requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate and seek feedback on negotiable ongoing health and safety training policies.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules incorporating new ongoing health and safety training requirements reviewed and set as 'temporary proposed'.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and distribute informational material that defines the new and ongoing training requirements to include the identified training; the number of hours; and time frame for completing the training.

Projected start date for each activity: 06/30/2016

Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS and DHW

Partners - Who is the responsible agency partnering with the State/Territory lead

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agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise IdahoSTARS Operations Manual and Process and Procedures as needed to identify required ongoing training changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and distribute internal training/message for all IdahoSTARS personnel as appropriate.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of ongoing health and safety training changes.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity DHW

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Communicate updated ongoing health and safety training standards to Health Districts, IdahoSTARS, regional CCRC staff, and state and city daycare licensers.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity DHW and IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health District, CCRC staff, State and City Daycare Licensers

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding).
Describe:
Sanitary Food Preparation. Food for use in child care facilities must be prepared and
served in a sanitary manner. Utensils and food preparation surfaces must be cleaned
and sanitized before using to prevent contamination.
Food Storage. All food served in child care facilities must be stored to protect it from
potential contamination. (IDAPA: 16.06.12.802.02. and .03)
Access to physical activity.
Describe:
Screen time.
Describe:

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5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

IDAPA: 16.06.12.800: CHILD CARE PROVIDER LICENSING. All providers of child care who receive a Department subsidy must be licensed or must comply with: applicable State Daycare licensing requirements in Title 39, Chapter 11, Idaho Code; these rules; local licensing ordinances; or tribal ordinances. If both state requirements and ordinances apply to a provider, the provider must comply with the stricter requirement. A provider operating outside Idaho must comply with the licensing laws of his state or locality.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Tyes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary

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legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 11/19/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Child Care Health and Safety Inspectors must be, at minimum, the equivalent of an Environmental Health Specialist I, and shall meet professional licensure, certification, or be eligible for licensure, in order to conduct specified child care health and safety inspections. Additionally, the health and safety inspector's professional license, professional certification, or professional training status for licensure or certification must be in a health-related field that is valid in the State of Idaho. (C#: WC078300.I.E.)

All Child Care Health and Safety Inspectors receive and review the Idaho Child Care Management Manual. The manual outlines the minimum statewide procedures for conducting inspections of child care facilities receiving public assistance from the Idaho Department of Health and Welfare's Idaho Child Care Program (ICCP) and facilities that have a Basic Day Care License. Use of the manual helps to ensure consistent interpretation and application of the regulations and rules that govern child care in the state. Also, it helps to prevent gaps in services provided. The manual details all relevant statutes, rules, policies, and processes for the completion of Child Care Health and Safety Inspections in Idaho, and includes customer service standards that incorporate timely responses, polite service, and time to educate providers on health and safety standards. Additionally, the manual details all aspects of the State's licensure requirements and all aspects of the State's requirements for provider participation with the Idaho Child Care Program. Each inspector is trained using the manual, has access to the most current version of the manual, which is maintained internally by the Health Districts in collaboration with the Idaho Child Care Program

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and State Daycare Licensing. (C#: WC078300.VI.A.)

Unmet requirement - Identify the requirement(s) to be implemented ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for conducting all health and safety inspections with cultural sensitivity to the child care provider, including accommodations for providers for whom English is a second language. Language will also be added to clarify that inspections must also be appropriate to the age of the children in care and the type of setting where care is being provided.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 06/30/2016
Agency - Who is responsible for complete implementation of this activity DHW
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Health District

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health Districts add language to their operations manual to clarify that staff must conduct all health and safety inspections with cultural sensitivity to the child care provider, including accommodations for providers for whom English is a second language. Language will also be added to the Health District Operations Manual to clarify that inspections must also be appropriate to the age of the children in care and the type of setting where care is being provided.

Projected start date for each activity: 07/01/2016
Projected end date for each activity: 11/01/2016

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Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health Districts conduct all health and safety inspections with cultural sensitivity to the child care provider, including accommodations for providers for whom English is a second language. Inspections will also be appropriate to the age of the children in care and the type of setting where care is being provided.

Projected start date for each activity: 11/01/2016
Projected end date for each activity: 11/19/2016

Agency - Who is responsible for complete implementation of this activity Health District

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW

b) Inspections for Licensed CCDF Providers - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Tyes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

☑No. If no, the State/Territory must provide a State/Territory-specific implementation plan

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for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 11/19/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

All licensed CCDF providers must agree to an annual health and safety inspection. Currently these may be scheduled or unscheduled inspections, but in practice are most often unannounced inspections. (HW0220, B, 6) Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law. Per requirements in Rules Governing the Idaho Child Care Program (ICCP) (IDAPA: 16.06.12) and Standards for Child Care Licensing (IDAPA: 16.06.02) child care providers participating with ICCP are subject to a pre-service inspection, as well as an annual inspection. Additional inspections may be conducted at any time at the request of the Idaho Child Care Program. (HW0220)

All child care homes/facilities must pass at least one (1) yearly health and safety inspection conducted as an on-site visit to their facility. Providers cannot deny the health inspector access or entry to any part of the child care facility. (HW0220 Idaho Child Care Program- Provider Agreement, IDAPA: 16.06.12.401.01. and 16.06.12.802.)

Each inspection reviews 29 health, safety, and fire standards detailed in the District Health Department's Idaho Child Care Management Manual. The manual includes policy citations for each standard.

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Unmet requirement - Identify the requirement(s) to be implemented require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time.)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

DHW has drafted language to support rule and process changes to clarify that all annual health and safety inspections should be conducted as unannounced inspections.

Projected start date for each activity: 06/01/2015 Projected end date for each activity: 11/30/2015

Agency - Who is responsible for complete implementation of this activity DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined to include the word "unannounced".

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'.

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Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for conducting all annual inspections as unannounced inspections.

Projected start date for each activity: 04/01/0216 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Send letters and emails to all recent and current ICCP providers notifying them of upcoming changes to subsidy, quality, and health and safety requirements.

Projected start date for each activity: 06/01/2016 Projected end date for each activity: 11/19/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

IdahoSTARS, Health Districts

c) Inspections for License-Exempt CCDF Providers (except those serving relatives)) - It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

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Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

License exempt providers, excluding in-home providers, must complete and pass the same annual health and safety inspection required of licensed providers. Providers who provide care in the child's home must complete an individual, annual health and safety training at the location where care is being provided, conducted by the same individual that completes health and safety inspections in that area, that covers all topics addressed in the inspections of licensed and exempt facilities. (HW0220 Idaho Child Care Program- Provider Agreement, IDAPA: 16.06.12.401.01. and 16.06.12.802.)

Topics covered in health and safety inspections and trainings include, but are not limited to: The age of the provider, sanitary food preparation, food storage, hazardous substances, emergency communication, smoke detectors, hand washing, pediatric CPR and First Aid, health of the provider, and child abuse prevention and reporting.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

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agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

□Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 11/19/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented) Substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

DHW has a statewide contract with Central District Health Department, which subcontracts to each subsequent health district to appropriately administer and monitor health and safety inspections throughout Idaho for all Licensed and ICCP child care providers. The contract explicitly identifies timelines associated to

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inspections, complaint referral site visits and follow up for which the Health District must comply. To date, standards for timeliness have been met and are in compliance with contract requirements outlined by the State of Idaho, Department of Health and Welfare.

The Central District Health Department shall ensure that they utilize operating standards that deliver consistent statewide services, equitable distribution of resources, and comparable elements of measurement. (C#: WC078300.I.B.) All inspections are scheduled and performed within thirty (30) calendar days of referral from the Department or its designee. (C#: WC078300.IV.A.1.) The Health Department must notify the Department or its designee of the results of a provider's health and safety inspection within three (3) business days of the completion of the inspection. (C#: WC078300.IV.A.5.) All child care complaints referred by the Department shall be investigated within three (3) business days of receipt based on complaint priority. (C#: WC078300.V.A.1.) In addition to preservice, annual, and complaint initiated health and safety inspections, approximately five hundred (500) random immunization assessments are conducted at facilities serving ICCP children. The assessment includes a review of the month, day, and year of each received immunization for all attending children, to ensure that all children are current with the recommendations for childhood immunizations. These assessments must be conducted by a professional who has detailed knowledge and has received training in immunization requirements for children, typically a registered nurse with additional immunization training. (C#: WC078300.IV.A.7.)

Unmet requirement - Identify the requirement(s) to be implemented the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Review and make any necessary revisions to the Health District Contract for maintaining a sufficient ratio of health and safety inspectors to child care providers and facilities in the State for the timely completion of pre-service, unannounced

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annual, and complaint triggered inspections.

Projected start date for each activity: 04/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Health Districts

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Health Districts maintain a sufficient ratio of health and safety inspectors to child care providers and facilities in the State for the timely completion of pre-service, unannounced annual, and complaint triggered inspections.

Projected start date for each activity: 06/30/2016 Projected end date for each activity: 11/19/2016

Agency - Who is responsible for complete implementation of this activity Health Districts

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

Under Section 16-1605, Idaho Code, daycare personnel, including the owners, operators, staff, and any other person who has reason to believe that a child has been abused, abandoned, or neglected or is being subjected to conditions or circumstances which would reasonably result in abuse, abandonment, or neglect, must report or cause to be reported within twenty-four (24) hours, such conditions or circumstances to the Department or the proper law enforcement agency. (IDAPA: 16.06.02.345 and 16.06.12.802.10)

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No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

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1	— i es,	ali relatives	are exem	pi nom ai	ii irispeciion	requirements

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If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense

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committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness. Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3	.1 Describ	e the status	of the Sta	ate/Territo	ry's reqເ	uirements,	policies,	and p	rocedures
for	criminal b	ackground	checks fo	r child car	e staff n	nembers a	nd child	care p	roviders.

Fully implemented and meeting all Federal requirements outlined above.
List the policy citation within the Lead Agency's rules and describe the policies and
procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) 09/30/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented

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Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENT. Applicants, providers, employees, volunteers, and individuals age thirteen (13) or older who have direct contact with or provide care to children eligible for ICCP benefits must comply with the requirements and receive clearance as provided in IDAPA: 16.05.06, "Criminal History and Background Checks." (IDAPA: 16.06.12.805)

Criminal History and Background Check for Daycare Centers and Group Daycare Facilities. Each owner, operator, or applicant seeking licensure for a daycare center, group daycare facility, or a family daycare home must submit evidence that is satisfactory to the Department that the following individuals have successfully completed and received a clearance for a Department criminal history and background check under the provisions of Sections 39-1105 and 39-1113, Idaho Code:

- a. Owners, operators, and staff;
- b. All other individuals thirteen (13) years of age or older who have unsupervised direct contact with children; or
- c. All other individuals thirteen (13) years of age or older who are regularly on the premises. (IDAPA: 16.06.02.309)

Background checks by the Idaho Criminal History Unit meet all requirements detailed in the Reauthorization of the CCDBG except for interstate child abuse and neglect checks.

Unmet requirement - Identify the requirement(s) to be implemented. Requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Engage and educate Criminal History Unit (CHU) staff about new rules for Idaho child care providers.

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Projected start date for each activity: 02/01/2016 Projected end date for each activity: 12/31/2017

Agency - Who is responsible for complete implementation of this activity DHW Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

DHW- Idaho Criminal History Unit, IdahoSTARS

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

CHU fully implements all background check requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct negotiated rulemaking in collaboration with the Criminal History Unit, with in-person meetings and presentations in Boise, Twin Falls, Idaho Falls, Coeur d'Alene and Lewiston, to educate providers and stakeholders on upcoming background check requirements and seek feedback on negotiable policies. Distribute statewide survey to child care providers with communications that educate on upcoming background check requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW and DHW- Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet

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requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

CHU staff will conduct ongoing conversations with other states about interstate child protection registry checks.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Ongoing meetings to discuss background check requirements with CHU and other DHW divisions that also require background checks.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit, IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

ICCP and CHU has drafted language to support rule and process changes for child care background check requirements.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Idaho Administrative Procedures (IDAPA) rules outlined for Negotiated Rule Making process.

Projected start date for each activity: 02/01/2016 Projected end date for each activity: 06/30/2016

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IDAPA rules reviewed and set as 'temporary proposed'. Receive legislative approval for temporary proposed rules for background check requirements.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 02/01/2017

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Begin communicating new background check requirements to child care providers.

Projected start date for each activity: 08/01/2016 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit, IdahoSTARS

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

IdahoSTARS will be creating new notices for child care providers to reflect the updated requirements.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 11/01/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

CHU develops and publishes process for conducting interstate child protection registry checks.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity DHW-Idaho Criminal History Unit

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

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The Idaho Department of Health and Welfare's Criminal History Unit conducts criminal history background checks on various individuals who have access to, or provide care or services to children or vulnerable adults, as required by regulation. The criminal history background check is a fingerprint based check of state and national crime records and various registries.

CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS

Any information about an individual covered by these rules and contained in Department records must comply with Idaho's strict rules for the use and disclosure of Department records." Any information received from the FBI must comply with 28 CFR 50.12 or other federal regulations. Any information received from the Idaho State Police must comply with Section 67-3008, Idaho Code.

TIME FRAME FOR SUBMITTING APPLICATION AND FINGERPRINTS. The completed notarized application and fingerprints must be received by the Department within twenty-one (21) days from the date of notarization whether submitted by mail or at a Department fingerprinting location. The applicant is available to provide services on the day the application is signed and notarized, as long as the applicant has not disclosed any disqualifying crimes or relevant records. The applicant must provide the Department a copy of the signed and notarized application to validate the date of applicant's availability to provide services. The Department will not extend the twenty-one (21) day time frame, unless the applicant or employer provides just cause. An applicant for employment or employer can not submit a new application for the same purpose, or repeatedly re-sign and re-notarize the original application. (IDAPA: 16.05.06.150)

Appeals and proceedings are governed by the, "Rules Governing Contested Case Proceedings and Declaratory Rulings." If an individual believes that the records received through the FBI are incorrect, the individual has fifteen (15) days from the receipt of the denial to correct the FBI records according to 28 CFR Section 16.34 or other federal regulations. (IDAPA: 16.05.06.003)

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

Under the provisions in 42 USC 16961 Section 152, a check of the Idaho Child Protection

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Central Registry may be requested by another state for foster or adoptive placement cases. Other states can request this information from the Idaho Department of Health and Welfare's Criminal History Unit.

A request for an Idaho Child Protection Central Registry check must be submitted by mail, facsimile transmission, or e-mail attachment on state letterhead with the requesting authority contact information, and must include the name of the subject of the check, and any aliases, the date of birth and Social Security Number of the subject of the check, and a notarized signature of the subject of the check authorizing the request.

The fee for an Idaho Child Protection Central Registry check is twenty dollars (\$20) for each subject checked. A response will be returned to the state initiating the request for the check within fourteen (14) days of receipt of the request. The Department's contact information will be included along with the result of the check. (IDAPA: 16.05.06.125)

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes.

Describe:

Any felony not listed on our Permanently Disqualifying Offense List disqualifies a person from participating with child care activities for 5 years from the date of the conviction.

After 5 years, an applicant may reapply to be considered. (https://chu.dhw.idaho.gov/)

□_{No}.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?



Describe:

A disqualifying offense is a specific offense which precludes an applicant from providing services or receiving a background check clearance. If an applicant is found to have a disqualifying offense listed below, they will be issued an unconditional denial and not allowed to provide services or receive licensure or certification.

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Disqualifying Offenses/Relevant Records - Permanent (effective 7/1/2014):

- Abuse, neglect, or exploitation of a vulnerable adult,
- Aggravated, first degree and second-degree arson,
- Crimes against nature,
- Forcible sexual penetration by use of a foreign object,
- Incest,
- Injury to a child, felony or misdemeanor,
- Kidnapping,
- Lewd conduct with a minor,
- Mayhem,
- Voluntary Manslaughter, Involuntary Manslaughter, Felony Vehicular Manslaughter,
- Murder in any degree or assault with intent to commit murder,
- Poisoning,
- Possession of sexually exploitative material,
- Rape,
- Robbery,
- Felony stalking,
- Sale or barter of a child,
- Sexual abuse or exploitation of a child,
- Video voyeurism,
- Enticing of children,
- Inducing individuals under (18) years of age into prostitution or to patronize a prostitute,
- Any felony punishable by death or life imprisonment; or
- Attempt, conspiracy, or accessory after the fact, or aiding and abetting to commit any of the Disqualifying offenses.
- A Child Protection entry in the State Child Protection Registry Substantiated at a Level 1 or Level 2
- A negative entry in the state Certified Nurse Assistant Registry
- Inclusion of the person in the state or federal Sex Offender Registry
- Inclusion of the person in the Medicare or Medicaid Exclusion Lists

Disqualifying Five Year Offenses (effective 7/1/2014):

- Any felony not listed in the permanent disqualifying crimes list;
- Misdemeanor Forgery of and fraudulent use of a financial transaction card,
- Misdemeanor Forgery and counterfeiting,
- Misdemeanor Identify theft,
- Misdemeanor Insurance fraud,
- Misdemeanor Public Assistance Fraud.
- Stalking in the second degree,
- Misdemeanor Vehicular Manslaughter
- Sexual Exploitation by a medical care provider, or
- Attempt, conspiracy, accessory after the fact, or aiding and abetting to commit

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any of the disqualifying five (5) year crimes. (https://chu.dhw.idaho.gov/)
\square_{No} .
5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as
grandparents, great-grandparents, siblings if living in a separate residence, aunts, and
uncles, 98.41(A)(ii)(A)) from background checks?
\square Yes, all relatives are exempt from all background check requirements.
\square Yes, some relatives are exempt from the background check requirements. If the State
/Territory exempts some relatives from background check requirements, describe which
relatives are exempt. from which requirements (some or all).
Describe.
No, relatives are not exempt from background checks.
5.3.7 Describe how fees charged for completing the background checks do not exceed
the actual cost of processing and administration, including how the State State/Territory
ensures that 3rd party vendors or contractors do not charge fees that exceed the actual
cost of processing and administration, if applicable.
Lead Agencies can report that no fees are charged if applicable:
Describe.
Fees for Criminal History Unit Background Checks are set in rules and approved by the state
legislature. Fees only cover the cost of administering background checks. (IDAPA:
16.06.06.050)

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

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The processes and policies related to DHW's Criminal History Unit are published here: https://chu.dhw.idaho.gov/ Child care providers are encouraged to visit the website, or call the Criminal History Unit directly with any questions regarding the completion of their background check.

5.3.9 D	oes the Lead Agency release aggregated data by crime?
\square_{Y}	es.
L	ist types of crime included in the aggregated data:
☑ N	0.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with

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disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

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- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

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Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individualto build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

☑ State/Territory professional standards and competencies.

Describe.

IdahoSTARS approved training is categorized using the Ten Core Knowledge Components for Early Care and Education. All IdahoSTARS approved trainings are also categorized under Idaho Early Learning eGuidelines, the most current set of high-quality, research-based Idaho early learning standards. They are the result of a two-year study and revision process by a team of Idaho's dedicated early childhood professionals.

Career ladder or lattice.

Describe.

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The IdahoSTARS Early Childhood Care and Education Career Pathway contains six levels beginning with Level 1 PDS (Professional Development System) Entry/Essential Training. Level 2 is a CDA credential. Level 3 is a Technical Certificate in ECE. Level 4 is an Associate Degree in ECE. Level 5 is a Bachelor Degree in ECE; Level 6 is Master Degree or higher in ECE.

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

IdahoSTARS has convened a higher education articulation workgroup consisting of faculty members from two and four year post-secondary early childhood education programs and IdahoSTARS personnel. In partnership with the faculty members from the institutions of higher education, IdahoSTARS has aligned the content of the essential training, which is a component of the QRIS, with the early childhood course content from each institution.

A process has been identified and a Memorandum of Agreement drafted that formalize an articulation agreement and a scholarship process to uphold the ongoing collaboration that supports child care providers who seek a formal education in the early childhood field. While the articulation agreement is not currently reciprocal, it does recognize the rigor of college coursework as meeting or exceeding the knowledge acquisition of the essential trainings. Training hours do not articulate to college credit under this articulation agreement. IdahoSTARS has a program goal to more intentionally focus and/or encourage child care providers to consider an academic path for their professional development with support from the incentive and scholarship opportunities available through the STARS program.

Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

IdahoSTARS approves trainers throughout the state using best practices criteria. Trainers are observed annually using a Trainer Observation Tool and goal setting practices. Trainers are provided opportunities to develop their training skills quarterly through webinars with the Training Office.

Training is approved under a quality based criteria for best practices for adult learners. Idaho State Licensing only recognizes those trainings in Core Knowledge Components for Early Care and Education that focus on child development knowledge and practices.

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IdahoSTARS Essential Training is a series of training developed by IdahoSTARS that offers child care providers the basic knowledge needed for a quality child care facility.

Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

IdahoSTARS completed a statewide survey of the early care and education workforce. The data is being disseminated and utilized to inform policy makers, business owners, directors, educators, parents, child care providers, service providers, among others across Idaho.

Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

The Idaho Child Care Program (ICCP) Advisory Panel is composed of representatives from across the state who offer unique perspectives on child care. Panel members are appointed by the Governor to serve a minimum of one term (3 years) and who meet on a quarterly basis. The Advisory Panel reviews and offers guidance to the State Administrator on issues revolving around ICCP (Idaho State's CCDF funded child care program) and the IdahoSTARS program, including program development, revision and implementation.

Continuing education unit trainings and credit-bearing professional development.

Describe.

Idaho provides ongoing training and professional development through the IdahoSTARS Training Office, approved trainers in each region, conferences, and a variety of distance learning opportunities. IdahoSTARS approved trainers and trainings reflect current research, best practice and specialized topics. Trainings are accessible throughout the state in a variety of formats (in person, online, correspondence and through college course work) to best meet the needs of a diverse provider and child care population.

✓ State-approved trainings.

Describe.

IdahoSTARS approves training for child care based on a set of criteria to include techniques the trainer uses for diverse learners (auditory, kinesthetic, etc.); objectives listed; scholarly resources cited; explanation of how to apply the content of the training when caring for children with diverse abilities; identify the Early Learning Guideline domains and indicators.

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Inclusion in state and/or regional workforce and economic development plans.
Describe.
IdahoSTARS completed a statewide survey of the early care and education workforce.
The data is being disseminated and utilized to inform policy makers, business owners,
directors, educators, parents, child care providers, service providers, among others
across Idaho.
Other.
Describe.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

Idaho's structure is such that our State Advisory Council is technically called the Early Childhood Coordinating Council, which was established under executive order and positions on the council are all governor appointed. This body of council members created and published, in partnership with multiple entities, the Core Knowledge and Competencies for Early Care and Education. The requirements and components are continually updated based on new findings in best practices. The IdahoSTARS Trainer and Training requirements were researched and then adapted to meet state requirements. They were vetted through both the Idaho Child Care Program Advisory Panel and the Early Childhood Coordinating Council for approval.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements Describe.

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All IdahoSTARS Approved Training is linked to the Idaho Early Learning eGuidelines by domain and goal. The checklist of practices for each Essential Training were developed by utilizing the caregiver strategies from the Early Learning eGuidelines. IdahoSTARS utilizes the Pyramid Model of Positive Behavior Intervention Supports by embedding the philosophy into a series of essential trainings. All Essential Training that has a focus on Health and Safety embeds standards from Caring for Our Children.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

Idaho's training and professional development system is open to all professionals in the field of early care and education. At every orientation for enrolling in ICCP, information is shared about how to enroll and access the PDS system. IdahoSTARS staff contact each provider in their region, at least quarterly, to update their provider file and it is during these provider updates that consultants also discuss how providers can access and where to find information pertinent to helping their program succeed. IdahoSTARS training is posted on the IdahoSTARS website with a link to the training database where providers register for training. All approved distance training opportunities are posted on the IdahoSTARS Distance Learning page of the website, which is easily accessed from the training calendar. All seven regional CCR&R offices have a Lending Library which offers approved training opportunities for check-out, this training opportunity is also posted to the IdahoSTARS website. DHW meets quarterly with all Tribes in Idaho and when programs or services change or are implemented within IdahoSTARS, that information is shared with Tribes to ensure they know where and whom to contact within the regional CCR&R.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

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IdahoSTARS approved training is evidence based and designed to offer information that assists child care providers with developing an understanding and increasing their knowledge and awareness of best practices, strategies, practical tools, and skills across the domains and clearly linked to the Idaho Early Learning eGuidelines. All trainers receive information and guidance on adult learning, and are required to include modifications of training content and training materials to include all children and families with a special focus on child development, poverty, disabilities, family structure, languages, and cultures.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees. Describe.

Idaho relies on CCR&R staff, Scholarship Counselors, the Professional Development System Orientation, the Steps to Quality Program (QRIS), the IdahoSTARS website, college instructors, and child care program directors to recruit child care providers to apply for training and academic scholarships. To retain providers, IdahoSTARS offers training scholarships and cash incentive awards for completing 15 hours of approved training or 1 ECE college credit. An Academic Scholarship covers 100% of tuition costs for 9-16 credits each academic year, release time for family providers and upon successful completion of each scholarship year, a 2% raise is awarded by the employer, as agreed upon in the scholarship application. If an early childhood degree or credential (CDA, Technical Certificate, Associate or Bachelor) is completed, the PDS awards a level move that includes a cash incentive.

Financial incentives linked to education attainment and retention.

Describe.

The IdahoSTARS Early Childhood Care and Education Career Pathway offers three different options to receive an incentive. There is a Level Move Award, an Anniversary Award and an Essential Training Award. If the provider is employed by a facility that has been verified on our QRIS system, Steps to Quality, the provider will receive an additional incentive. The Level Move is awarded when a provider achieves a degree in ECE or a related field and moves up a level on the Career Pathway. An Anniversary Award is obtained when a provider completes 15 IdahoSTARS approved training hours or 1 ECE college credit or related college credit within their anniversary cycle. An Essential Training award may be obtained by

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completing the Essential Training at each step, currently there are four sets of Essential
Training available for this incentive.
Registered apprenticeship programs.
Describe.
Outreach to high school (including career and technical) students. Describe.
Policies for paid sick leave. Describe.
Policies for paid annual leave. Describe.
Policies for health care benefits. Describe.
Policies for retirement benefits. Describe.
Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe.
Other. Describe.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

Several of the IdahoSTARS Resource Specialists are bilingual (English and Spanish) and

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work in partnership with the META Refugee Center to recruit and support individuals interested in providing child care. Additionally, the partnership with META offers translation support for follow-up coaching and TA intended to help providers be successful and maintain eligibility to continue receiving CCDF funds for caring for children participating in Idaho's child care subsidy program.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

☑ Informational materials in non-English languages
☑ CCDF health and safety requirements in non-English languages
Provider contracts or agreements in non-English languages
Website in non-English languages
Bilingual caseworkers or translators available
Collect information to evaluate on-going need, recruit, or train a culturally or linguistically
diverse workforce
Other.
Describe.

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

None

The primary and secondary languages in Idaho are English and Spanish. We are working in partnership with the Nino Project based out of META in the state of Idaho who provides interpreting services for orientations and follow-up support designed to assist interested providers with orientating them to Idaho's subsidy program, the IdahoSTARS program, as well as providing information on quality child care practices. Most materials (documents, brochures, announcements, etc.) are available in both English and Spanish. The essential training offered through IdahoSTARS is available in both English and Spanish. The TA/coaching is available in English and Spanish in areas of the state that has a high

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Hispanic population. The documents and other materials related to the health and safety requirements of CCDF child care are available in both English and Spanish. Training through META's Nino Project offers translation in all required languages.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers or
identifying and serving homeless children and their families (connects to Section 3.2.2).
Tyes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Not yet started

Unmet requirement - Identify the requirement(s) to be implemented Use CCDF for activities to improve quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families

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Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Gather and compile information from local shelters/agencies to guide planning; Identify how Protective Factors are referenced in TA through a survey of Child Care Resource Centers in Idaho; Identify and Index information related to homelessness in the Strengthening Families Essential Trainings.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Local Shelters/Agencies Serving Homeless Families

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train Strengthening Families Essential Training trainers via webinar or conference call to support provider awareness of Homelessness and Protective Factors.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 05/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Create and deliver webinar trainings for IdahoSTARS and IdahoAEYC staff regarding Homelessness and Strengthening Families Protective Factors.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

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Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Gather/create printed materials (brochures, local resource list, services) to be distributed to providers via CCRC (Child Care Resource Centers) as resources for families; Create posters with clear message for next steps to be made available to child care programs for posting.

Projected start date for each activity: 01/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Incorporate Homelessness information into the ICCP Orientation and Guidebook; post revised ICCP Orientation and Guidebook to website; post all materials to website.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 07/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS and DHW

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Propose to IdahoSTARS Leadership team a revised incentive structure for QRIS star rated programs to hold space for homeless children (and then to ICCP Advisory Panel and/or DHW).

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 08/31/2016

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

ICCP Advisory Panel and DHW

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Create Talking Points for CCRC staff and for Providers. Post Talking Points for Providers on the IdahoSTARS website.

Projected start date for each activity: 03/01/2016 Projected end date for each activity: 09/30/216

Agency - Who is responsible for complete implementation of this activity IdahoSTARS

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

Yes, If yes,

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a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

IdahoSTARS Professional Development System tracks a variety of elements as part of the ongoing evaluation of the child care workforce. For example, the total Initial Applications and Incentive Award Applications received is tracked on a monthly basis by region. Incentives are tracked by total dollar amount awarded, as well as type of incentive and region of provider. Additional tracking includes employment history, level of education, active/inactive status. Review of data allows Idaho to identify trends and it assists with budgetary planning and decision making. In addition, IdahoSTARS' contract now requires the measurement of the percentage of PDS participating providers enrolled in (or completing) a credentialed education program such as a Child Development Credentialing program, and/or post secondary education. IdahoSTARS' program goals for increasing PDS and scholarship enrollees' participation with (and completion of) credentialed education programs will be reviewed and renewed annually.

b)	Indicate which funds will be used for this activity (check all that apply) CCDF funds.
	Describe:
	All incentives as listed above are supported through the use of CCDF quality set aside
	funds.
	Other funds.
	Describe:

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe:

IdahoSTARS Essential Training and technical assistance/coaching includes curriculum with a focus on promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity using scientifically-based, developmentally appropriate and age-appropriate strategies. The

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Essential Training is a component of Idaho's QRIS, Steps to Quality, and has been developed as a series of training that builds upon foundational information from one step to the next.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

IdahoSTARS Essential Training and technical assistance/coaching includes curriculum with content that focuses on the implementation of behavior management strategies. The strategies include positive behavior interventions and support models, promotes positive social-emotional development and early childhood mental health, with a focus on reducing challenging behaviors and expulsion from child care programs. The Essential Training is a component of Idaho's QRIS, Steps to Quality, and has been developed as a series of training that builds upon foundational information from one step to the next.

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

IdahoSTARS has embraced the Strengthening Families (SF) framework and in partnership with Idaho AEYC, IdahoSTARS offers training and TA opportunities for all child care programs interested in embedding SF into their programs. Idaho's QRIS, Steps to Quality, has embedded SF as a standard with Essential Training to support this standard at each step. The Strengthening Families framework is focused on engaging parents and families in culturally and linguistically appropriate ways, assists child care programs and staff to embrace families to become meaningful partners who support their children's growth and development in positive ways.

Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

Idaho's Early Learning eGuidelines are embedded in all IdahoSTARS approved

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appropriate and utilize evidence-based curricula that is responsive to diverse cultures and languages. Additionally, Essential Training, ET4: Dual Language Learners, content is focused on culturally and linguistically responsive instruction and evidence-based practices. Essential training is also translated for Spanish speaking child care providers.

On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

Using data to guide program evaluation to ensure continuous improvement.

Describe:

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

training. Criteria for training approval includes that all training be developmentally

Describe:

developmental delays.

IdahoSTARS QRIS, Steps to Quality (STQ), has embedded Inclusion of All Children as one of the standards. As with all standards in STQ, it offers child care providers a pathway to increase awareness, gain knowledge and develop skills and strategies that will be put into practice with the children in their care. The standard, Inclusion of All Children offers Essential Training plus coaching/technical assistance with indicators such as developing an Inclusion Statement as part of the program's policy and procedures; strengthening confidentiality as an ongoing practice; utilizing Inclusion Readiness Checklists, observation skills and assessment tools; recognition and understanding of the importance of embracing a partnership with parents/families; as well as helping programs and staff to become more informed about IDEA, IEPs and IFSPs, and developing individual goals for all children. Essential Trainings also assist child care providers with making evidence-based decisions in regard to children with developmental delays and disabilities who are enrolled or are seeking enrollment to

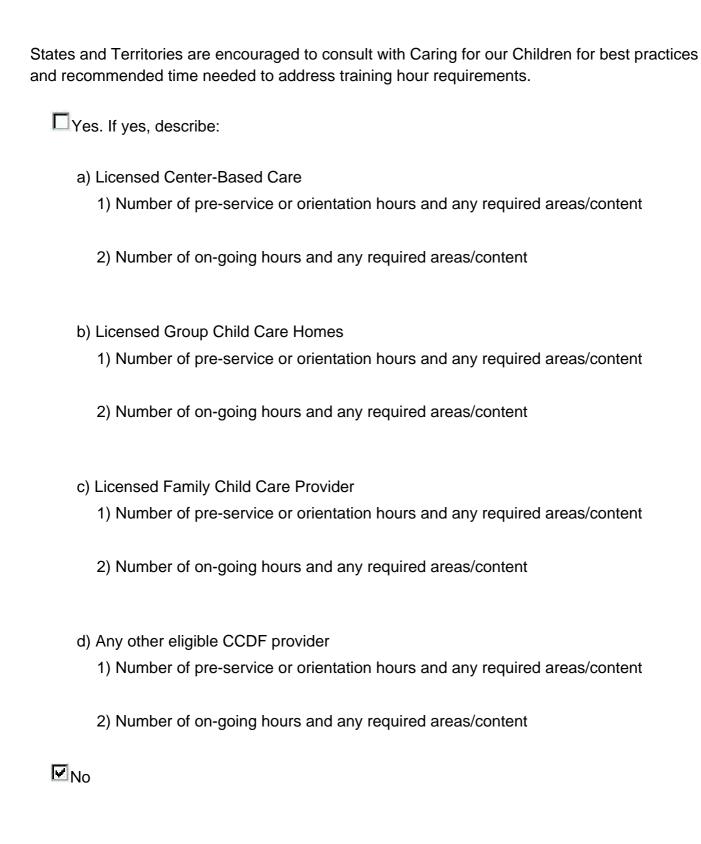
Caring for and supporting the development of children with disabilities and

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their programs.
☑ Supporting positive development of school-age children.
Describe:
Afterschool child care program staff are included and welcome to participate in
IdahoSTARS professional development opportunities. Programs such as YMCA, Boys
and Girls Clubs, school based, faith-based, and privately owned after-school program
and their staff participate in the professional development system by accessing
training, utilizing the training database and individual training logs to document
completed training, and also to receive incentives for completing the annual training
and/or education requirements. IdahoSTARS is working closely with the Idaho
Afterschool Network to identify and offer requested training and to work in partnership
on a QRIS that is most appropriate for school-age child care programs.
Other.
Describe:
d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply. Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities Financial awards (such as scholarships, grants, loans, reimbursement for
expenses) from State/Territory for completion of postsecondary education Other.
Describe:
□ _{No} .

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

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6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

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Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

IdahoSTARS offers training intended to strengthen the business practices for child care owners, directors, and/or providers. IdahoSTARS has approved a variety of online trainings related to business practices, (i.e. Basic Bookkeeping for Caregivers Modules 1 - 5; Facilitating Staff Skill Development; Business Management and Computer Basics; Family Child Basics; Developing Leadership in Early Care and Education. In addition, each of the seven CCR&R offices maintain Lending Libraries that offer distance learning training for checkout: Human Resource Management in Early Childhood Programs Director/Owner Self Study Lesson: 30 training hours. This training was created by (and purchased from) the National Association for the Education of Young Children and is embedded in Idaho's QRIS, Steps to Quality.

Idaho's Quality Rating and Improvement System, Steps to Quality, includes several indicators related to strengthening business practices in the standards Leadership and Management, and also Staffing and Professional Development. Each quality indicator within the QRIS and all associated trainings are supported by technical assistance and coaching from IdahoSTARS regional staff. Additionally, Steps to Quality, requires that directors complete the NAEYC HRM (Human Resource Management) training and an additional 15 hours of Business Management Training at each step. Also included in Steps to Quality is the use of the BAS (Business Administration Scale) and PAS Program Administration Scale).

Idaho would like to continue our growth in supporting practices to strengthen providers business practices by facilitating a TA opportunity to IdahoSTARS' leadership in partnership with a small sample of Child Care Providers, to learn, conduct and review the end to end process of doing the Provider Cost of Quality Calculator.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions

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only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

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6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency

Last update: December 2013

Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implement

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this activity

Birth-to-three Provide a link: □ Three-to-Five Provide a link: □ Birth-to-Five Provide a link: □ Birth-to-Five Provide a link: http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningeouidelines/tabid/2280/Default.aspx □ Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link: http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningeouidelines/tabid/2280/Default.aspx □ Other. Describe: 3.3.3 Does the State/Territory use CCDF quality funds to improve on the development or mplementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being? □ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide	6.3.2 Check for which age group(s) the State has established early learning and development guidelines:
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few localities but not State/Territory-wide	
few localities but not State/Territory-wide	
_	
	No but the State/Territory is in the development phase

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□ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

Quality consultants from each CCR&R utilize coaching techniques and strategies to assist child care providers with using the Early Learning eGuidelines while planning classroom activities.

The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

Essential Trainings are embedded in Idaho's QRIS and this includes essential training on the Early Learning eGuidelines. The training is free and accessible online to child care providers. The Essential Training includes a Checklist of Practice to assist child care providers in putting newly learned concepts from the training into practice. In addition, CCR&R consultants have received training and technical assistance from the training developer to support them in their work with offering coaching and TA to child care providers as a follow-up to training.

Child care providers working with <u>infants and/or toddlers</u> have access to the technical assistance for implementing early learning and development guidelines.

Describe:

In addition to the Essential Training and checklist of practices, the Idaho Early Learning eGuidelines supplemental materials includes "Caring for Idaho's Infants and Toddlers", a resource for parents and caregivers. It offers tips, suggestions, and resources for how to respond to children birth to 36 months of age. Each of these documents are available for child care providers to access at the regional Child Care Resource and Referral offices, as well as free and online. The regional staff is available to provide coaching and technical assistance to support the implementation of these documents and to support program planning.

Child care providers working with <u>preschool-age children</u> have access to the technical assistance for implementing early learning and development guidelines. Describe:

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In addition to the Essential Training, The Idaho Early Learning eGuidelines: In the Preschool Classroom is a foundational document designed as a resource to support the growth and development of young children in the preschool ages. Each of these documents are available for child care providers to access at the regional Child Care Resource and Referral offices, as well as free and online. The regional staff is available to provide coaching and technical assistance to support the implementation of these documents and to support program planning.

Child care providers working with <u>school-age children</u> have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Child care providers working with school-age children have access to the Idaho Early Learning eGuidelines online resource and the Developmental Growth Matrix through first, second, and third grades. Domain 1: Approaches to Learning and Cognitive Development and Domain 3: Social and Emotional Development. Training on how to access and implement these resources are included in the Essential Training 3: Introduction to Idaho's Early Learning eGuidelines and is supported by the checklist of practices as technical assistance resource.

b)	dicate which funds are used for this activity (check all that apply)
	CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside.

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Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program

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- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program



7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services

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- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

Idaho's goals were created through feedback gathered over time from our State's Child Care Advisory Panel, Early Childhood Coordinating Council, Local Market Rate survey and various stakeholder group meetings that all contribute data and feedback on Idaho's services for young children.

The following are goals for Idaho's quality improvement:

- Improve communication and policies supporting child care programming. According to

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Idaho Kids Count, Idaho has 146,000 children under the age of six and more than half (83,000) live in households in which both parents work outside the home. Increasing Idaho's families' ability to access quality care, developing an awareness of how child care assistance can help support a family, and educating on the importance of choosing quality child care will improve the health and well-being of the children in Idaho. Additionally, Idaho's workforce will be supported through families' increased ability to work, and work consistently, knowing their children are in safe, healthy care environments.

- Research possible alignment opportunities between licensing and subsidy regulations to set a consistent standard for child care in Idaho. Idaho ranks 52nd in the nation in regards to child care licensing oversight and regulation. Idaho is also one of only five states left with no state supported pre-k. The foundation of a strong child care community is critical to the health, safety and education of Idaho's youngest children. With only 54% of Idaho's children ready for kindergarten; we can and must do better to support providers and children as they interact in the early years of child care.
- Invest in evaluation strategies focused on what moves providers to increased education levels and improved levels of quality for providers.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond
to 7.2. Indicate which funds will be used for this activity (check all that apply)
CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
Quality set-aside
Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state
or local funds, etc.)
Improving the supply and quality of child care services for infants and toddlers. If checked
respond to 7.3. Indicate which funds will be used for this activity (check all that apply)
CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
Infant Toddler Set Aside
Other funds.

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or local funds, etc.) Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply) CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set-aside Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply) CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set-aside Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply) CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state

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Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state

Quality set-aside

or local funds, etc.)

Other funds.

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for
this activity (check all that apply)
CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
Quality set-aside
Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state
or local funds, etc.)
Supporting State/Territory or local efforts to develop high-quality program standards
relating to health, mental health, nutrition, physical activity, and physical development. If
checked, respond to 7.8. Indicate which funds will be used for this activity (check all that
apply)
CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
Quality set-aside
Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
Other activities determined by the State/Territory to improve the quality of child care
services, and for which measurement of outcomes related to improved provider
preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked,
respond to 7.9. Indicate which funds will be used for this activity (check all that apply)
CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

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7.2 Quality Rating and Improvement System

Yes, the State/Territory has a QRIS operating State/Territory-wide.
Describe how the QRIS is administered (e.g., state or locally administered such as through
CCR&Rs) and provide a link, if available
Steps to Quality, Idaho's QRIS, is administered through a partnership between University of
Idaho Center on Disabilities and Human Development (CDHD) and Idaho Association for the Education of Young Children (Idaho AEYC). Together, UI and Idaho AEYC deliver technical
assistance and coaching through regional Child Care Resource and Referral staff, develop
training curriculum, manage the training/trainer registry, the Professional Development
System registry, training and academic scholarships, Environment Rating Scale
assessments, state licensing, subsidy eligibility for child care providers, QRIS Steps to
Quality grant management, Steps to Quality placement and recognition, and the Child Care
Health Consultant program. The Steps to Quality program is supported by and utilizes
information and data from all IdahoSTARS programs. http://www.idahostars.org/?q=steps-to
quality
☐Yes, the State/Territory has a QRIS <u>operating as a pilot, in a few localities, or only a few</u>
levels but not fully operating State/Territory-wide.
Provide a link, if available
☐No, but the State/Territory is in the development phase
☐ No, the State/Territory has no plans for development
a) If yes, check all that apply to your QRIS.
Participation is voluntary
Participation is mandatory for providers serving children receiving subsidy.
If checked, describe the relationship between QRIS participation and subsidy

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(minimum rating required, participation at any level, etc.)

Participation is required for all providers
☑ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating
levels
Supports and assesses the quality of child care providers in the State/Territory
■ Builds on State/Territory licensing standards and other State/Territory regulatory
standards for such providers
Embeds licensing into the QRIS.
Describe:
Eligibility to participate in Steps to Quality, Idaho's QRIS, requires programs to be
either state or locally licensed.
Designed to improve the quality of different types of child care providers and
services
Describes the safety of child care facilities
Addresses the business practices of programs
■ Builds the capacity of State/Territory early childhood programs and communities to
promote parents' and families' understanding of the State/Territory's early childhood
system and the ratings of the programs in which the child is enrolled
Provides, to the maximum extent practicable, financial incentives and other
supports designed to expand the full diversity of child care options and help child care
providers improve the quality of services.
If checked, please describe how these financial options link to responses in Section
4.3 related to higher payment rates tied to quality
Programs are eligible for monetary awards upon verification of Step 1 and Step 3, as
well as for maintaining quality from year to year. Programs are eligible for up to three
quality improvement grants during their participation in Steps to Quality. Technical
assistance and coaching is provided through Child Care Resource and Referral
offices.
Can be used to track trends in whether children receiving subsidy are utilizing rated
care settings and level of rating

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b) If yes, which types of settings or distinctive approaches to early childhood education

and care participate in the State's/Territory's QRIS? Check all that apply.

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Licensed child care centers
Licensed family child care homes
License-exempt providers
Early Head Start programs
Head Start programs
State pre-kindergarten or preschool program
Local district supported pre-kindergarten programs
Programs serving infants and toddlers
Programs serving school-age children
Faith-based settings
Other.
Describe:
Montessori programs

In order to apply to participate in QRIS a program must meet all the following eligibility criteria including:

- 1. Operating legally, abiding by all laws outlined by the State of Idaho or by a local jurisdiction (city)
- Licensed as a child care provider by the State of Idaho or by a local jurisdiction (city) approved by the State of Idaho to issue a child care license
- Program is not disqualified from participating in the Idaho Child Care Program (ICCP)
- QRIS Interest Form is signed by director and owner or representative of the Limited Liability Corporation QRIS Assessment.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

Progress is measured by the number of programs enrolled, movement across the quality levels and maintenance of quality levels from year to year.

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7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-

quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

Check all that apply and describe.

Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

As required by Steps to Quality, in order to be verified at the various levels, the director (or the operator of a group or family child care facility) and at least 50% of teachers must complete an education level of CDA or higher or complete a series of Essential Trainings. Specific Essential Training targeting infants and toddlers includes, Reducing

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the Risk of SIDS, Early Childhood Brain Development, Strengthening Families, Food and Nutrition, and Child Growth, Development and Learning. These trainings are supported by technical assistance and coaching from CCR&R staff and all have significant components that focus on infants and toddlers.

Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

Programs are eligible for up to three quality improvement grants and may target infant-toddler care. Monetary incentives are earned upon verification of Step 1 and Step 3, and yearly if quality is maintained or improved.

Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

Coaching is available through the regional Child Care Resource and Referral offices by Quality Child Care Consultants and Child Care Health Consultants to support caregivers with implementation of best practices for caring for and teaching infants and toddlers.

Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

Individualized Family Service Plans (IFSP), can serve as an acceptable alternative to Inclusion Plans required in Idaho's QRIS, Steps to Quality. Child care providers must serve as part of the IFSP team and child goals must include supports for learning and development in the child care setting.

lacksquare Developing infant and toddler c	omponents within	the State's/Terri	tory's QRIS.
Describe:			

Considerations for infants and toddlers are embedded within Essential Training, coaching supports, and quality indicators of the state QRIS.

\square Developing infant and toddler α	components within	the State's/Territory	's child care
licensing regulations.			

Describe:

Developing infant and toddler components within the early learning and development

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guidelines.
Describe:
http://www.healthandwelfare.idaho.gov/Children/InfantToddlerProgram/EarlyLearningeG
uidelines/tabid/2280/Default.aspx The statewide early learning and development
guidelines (Idaho Early Learning eGuidelines) include infant and toddler components in
each developmental domain.
☐ Improving the ability of parents to access transparent and easy to understand consumer
information about high-quality infant and toddler care.
Describe:
Carrying out other activities determined by the State/Territory to improve the quality of
infant and toddler care provided in the State/Territory, and for which there is evidence that
the activities will lead to improved infant and toddler health and safety, infant and toddler
cognitive and physical development, or infant and toddler well-being.
Describe:
Other.
Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Evaluation includes tracking the percentage of programs successfully meeting Safe Sleep practices as articulated in the quality indicators. A database, currently under construction, will allow Idaho to establish baseline data on the number, duration, and frequency of technical assistance visits that target infant-toddler classrooms. Overall Infant Toddler Environment Rating Scale - Revised assessment scores as well as interaction subscale scores evaluate programs' ability to improve or maintain quality practices over time. IdahoSTARS will expand professional development opportunities to infant and toddler caregivers through an Infant and Toddler Specialization. The specialization will include training and coaching to implement identified best practices aligned with state early learning and development

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guidelines.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

☑ State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary Idaho has an established, fully staffed CCR&R statewide network operating in all 7 regions of the state. Idaho's Department of Health and Welfare contracts with the University of Idaho to operate the CCR&R system in the state. Staff in each CCR&R consists of Quality Child Care Consultants, Child Care Health Consultants, and Resource/Referral Specialists. CCR&R staff provide referrals, support, resources, and technical assistance in all areas of each region, including rural/remote locations. CCR&R staff recruit providers to participate in the Professional Development System, the Idaho Child Care Program, and the Quality Rating and Improvement System, as well as providing on-going support through follow-up site visits to improve the quality of child care practices. Each CCR&R manages a lending library that includes training opportunities as well as educational materials for child care programs to borrow serving children birth through 13 years of age.

State/Territory has a CCR&R system operating in a few localities but not fully operating
State/Territory-wide.
Describe:
State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Idaho's Department of Health and Welfare (DHW) monitors the IdahoSTARS contract every

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six months. The twice yearly monitor reviews the operations, policies, and procedures for the IdahoSTARS program. In the spring of 2016 Idaho Department of Health and Welfare reviewed and updated the IdahoSTARS contract to reflect standards identified in reauthorization of the CCDBG block grant. Idaho was also one of the states chosen for TA to focus on research and evaluation in partnership with Child Trends. The outcome of this TA learning table is a research plan, logic model and data components available to assist in evaluating programming. Idaho plans to use this opportunity to help create a path forward for evaluating outcomes and improving practices.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

Idaho has a statewide contract with the Health Districts, funded by quality set aside funds, to ensure provider compliance with inspections, monitoring, training and complaints of health and safety matters. The Health Districts conduct all pre-service and annual inspections (and trainings for in-home providers). Additionally the Health Districts inspect facilities based on complaints related to health and safety violations, and at the request of the Idaho Child Care Program Specialist or at the request of the Idaho State Daycare Licensing Specialist. Programs that need ongoing support in understanding or implementation of best practices in health and safety may be referred by the Health District to the IdahoSTARS Child Care Health Consultants for ongoing TA.

The Vendor Specialists at IdahoSTARS maintain all necessary documentation and determine provider eligibility for CCDF payment or daycare licensing. They gather and maintain all required provider information and verifications; such as Fire Inspections, Health and Safety Inspections (or trainings), CPR and First Aid completion certificates, training logs, insurance, and renewed Provider Agreements. Reminder letters are mailed to providers at 40 days and 15 days prior to expiration date of their current health and safety and/or training requirements. IdahoSTARS staff use follow-up email and letters to providers when staff have

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discussed their due dates via telephone. Providers are contacted on a quarterly basis to confirm and update their information in the database. During this contact, providers receive information on changes or highlighting of information regarding health and safety, which includes reminders of pediatric CPR and pediatric First Aid certification dates. Newsletters from CCR&R offices include training calendars and reminders of ICCP and/or licensing requirements.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

As a measure of improvement in child care programs, Idaho plans to use the measure of training hours completed by providers enrolled or enrolling in the Idaho Child Care Program. Idaho has also established four goal areas within the Child Care Health Consultant Program and will be tracking progress made with these four goal areas. The four goals are: Promote, support and enhance health, safety and nutrition; Support collaboration and partnerships concerning health, safety, and nutrition; Provide Idaho child care providers with current training and resources on best practices in health, safety and nutrition; Support each child's health, safety and nutritional needs. Idaho plans to use the data gathered from Child Care Health Consultant referrals and site visits to determine areas of need for training pertaining to health and safety to then work in collaboration with the IdahoSTARS training office to create relevant trainings that target topics/issues facing providers in Idaho.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure

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child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

Children who are being cared for in Idaho's QRIS, Steps to Quality star rated facilities or facilities enrolled to obtain a star rating are considered being cared for in high quality care. Steps to Quality, measures the quality of child care programs using quality indicators, including specific measures such as a Safe Sleep Checklist, Food/Nutrition/Active Physical Play Checklist, Strengthening Families self-assessment, Program Administration Scale (PAS)/Business Administration Scale (BAS) self-assessment, Inclusion Readiness Checklist, Child Inclusion Plans, and Child Growth, Development and Learning self-assessment. Classroom improvements are tracked through the ongoing use of Environment Rating Scale Assessments. Teacher education and training is consistently monitored through the Professional Development Registry. IdahoSTARS and DHW track program quality through the number of programs at each QRIS level. DHW and ICCP use a data dashboard, and quarterly reports to consistently monitor the amount of children utilizing ICCP benefits that are attending high quality child care facilities. All staff work to increase the number of subsidy children in high quality care through subsidy access, policy development, provider support, and the ongoing enrollment of child care providers in Steps to Quality. Idaho tracks and reports, in the annual Quality Performance Report, the percentage of ICCP children attending high quality programs. We have had an increase in children attending high quality care for the past two years.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Classroom improvements are tracked by trending increased Environment Rating Scale
Assessment scores. Teacher education and training is tracked by trending increased
Professional Development Registry levels, participation rates, and awards. Program quality is tracked through trending increased and/or sustained Steps to Quality level placement.

7.7 Accreditation Support

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7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation Technical assistance is available for programs enrolled in Steps to Quality. Improvement grants, financial incentives, and recognition of accredited programs at the highest levels of Steps to Quality facilitate movement toward accreditation. Additionally, we assist programs toward achieving accreditation through such accrediting organizations as National Association for the Education of Young Children and National Association for Family Child Care. Programs are not required to participate in Steps to Quality to apply for an Accreditation Mini-Grant; however, program staff applying for Accreditation Mini-Grants, are required to be a part of the IdahoSTARS Registry. Mini Grants to support accreditation are awarded in the spring and are based on funding. Funds can be used for applying for accreditation, maintaining fees or program support to enhance quality based on recommendations of accrediting body. Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe: No, but the State/Territory is in the development phase No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Progress is measured by an increase in the number of programs recognized at the highest level of QRIS (which can be achieved through accreditation), and the number of programs that identify accreditation as a goal on the Steps to Quality- Quality Improvement Plan. The success of the Accreditation Mini-Grants is measured by the number of programs that maintain or achieve accreditation after the receipt of the grant funds.

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7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

Step 1 of Steps to Quality focuses primarily on health and safety. Indicators relate to immunizations, first aid, pediatric CPR, child abuse and neglect prevention, and emergency preparedness to include an emergency plan. Subsequent steps include indicators on safe sleep, nutrition, active physical play, as well as child growth, development and learning.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Progress is measured by the number of programs enrolled in Steps to Quality, movement across the quality levels and maintenance of quality levels from year to year.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

N/A

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8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

Program policy and process manuals will be updated to reflect the new requirements to support the work of the field staff. Support divisions (Fraud and Audits, Criminal History Unit, Central Revenue Unit) are made aware of program changes in Division support meetings and individual meetings with program managers to ensure rules are being applied correctly when doing reviews and collections.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

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✓ Issue policy change notices
✓ Issue new policy manual
☑Staff training
Orientations
Onsite training
Online training
Regular check-ins to monitor implementation of the new policies.
Describe:
Supervisors meet with staff weekly to review policy and/or process updates and discuss
any errors or issues found in the previous week. Staff members are given opportunities
to ask questions and raise concerns at each weekly meeting.
Other.
Describe:

Check all that apply.

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation

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is verified."

Describe:

Division of Welfare Benefit Programs Contract Monitoring Standards

Overview

This document defines the process used by Division of Welfare's Contracts and External Resource Management (CERM) Team to ensure that the standards, techniques, and criteria are consistent and timely. This document attempts to define actions to be taken and the decisions to be made during the monitoring process and clear communication process to all stakeholders.

Objectives

An effective monitor will provide information to the contract manager (also known as the business lead) on the contractor's performance, the effectiveness of the contract, and the quality of the service being delivered. It will also inform the contractor as to their success in meeting the objectives of the contract, alert them to possible performance improvement, identify best practices, and possible corrective action needed as a result of the monitor.

Prepare for the Monitoring

In order to prepare for the monitoring, the CERM Team:

- Reviews for accuracy or creates a monitoring tool that aligns with the scope of work and performance metrics of the contract to be monitored.
- Schedules the monitor.
- Informs the contractor of the schedule and what will be monitored. (facility, documents, etc.)
- Shares the schedule with the contract manager.
- Makes a random selection of records /documents if applicable.

Conduct the Monitoring

The CERM Team conducts the monitoring on or off site. The monitor team must determine the following:

- Did the contractor meet performance requirements?
- Did the contractor perform the services defined in the contract?
- Did the contractor perform the services on time?
- Were the deliverables (reports, services, surveys, software, products, and outcomes) delivered or achieved on time and in the required format?
- Did the services meet the Department's expected (and defined) standard?
- Were the services billed on the invoice actually delivered?
- Did the contractor comply with the rules, regulations, and polices as outlined by the Department?

Analyze Potential Findings with the Contract Manager

If any of these items were found deficient, the monitor team meets with the contract manager to discuss possible adverse conditions and determine the severity of each.

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Developing and organizing deficiencies is critical to the process. It will assist in determining whether all pertinent information was obtained during the monitor and facilitate discussions and decisions related to the potential findings. Each finding will be supported with specific examples and concrete details. The following steps should be utilized in order to identify possible adverse conditions, their severity, and communicate that to the contract manager.

Compare the Condition with the Criteria

Most findings originate with comparisons of "what is" (the condition) with "what should be" (the criteria). Criteria are the standard for measuring performance or the goals to be achieved. Examples of criteria include laws, regulations, policies, procedures, management principles, good business practices, contract scope of work, accurate and complete case files, system updates, and performance standards.

For example: If voucher payments are found to have no supporting documentation to support their use (condition) and our criteria (scope of work) require that all vouchers are supported by documentation to verify the voucher use and purpose, the condition does not support the criteria.

Another example may be that case management charges are being processed for cases (condition) but no documentation is found in the case to support the expense (criteria) as outlined in the scope of work, the condition does not support the criteria. Final example, the agency does not have written procedures in place to refer clients to Child Support Services (condition) as required by Federal Regulations (criteria).

Determine the Severity of a Deficiency

The adverse conditions should be identified, discussed, and documented in terms of the following attributes:

- Cause: Cause describes how or why the condition came about and is the reason for the difference between what is and what should be (why the condition happened). It is very important that each finding include an attempt to identify the underlying root causes of the conditions reported. Establishing cause and effect relationships is often the most difficult part the monitoring process, but is essential in order to identify the basic weakness that allowed a deviation to occur and to design a constructive recommendation. For example, the team may determine the cause relates to:
 - Lack of procedures or management controls.
 - Failure to follow established procedures or controls.
 - Misinterpretation of established procedures or controls.
 - Fraud, abuse or neglect.
- Effect. Effect tells what resulted from the condition, or the associated risk and its significance. It is important to identify the effect even though it might be difficult to identify the underlying root causes of the conditions identified. The teams must demonstrate whether an adverse condition found is an isolated example or widespread and the rate or frequency of occurrence. The attention that a finding gets depends largely on its significance, as judged by effect. Where possible, the effect

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should be expressed in quantitative terms (dollars, units of production, resources, etc.)

Examples include unnecessary expenditures, inefficiencies because of duplication of effort, costs associated loss of goods or inventory, violation of federal regulations resulting in a penalties, and improper use of funds. If the actual effect cannot be determined, comments should be made on the potential effect.

When a difference is identified between the condition and the criteria and the severity of the deficiency is determined, the next step is to identify if the result is a finding, serious concern or warrants a comment/recommendation:

- A Finding is a serious performance or process error that is in violation of the contract or that puts the ability of the contractor to carry out the contract requirements at risk. Whether or not it is a finding depends on the cause and/or the effect. It the cause is such that its effect would be widespread and/or significant, then it is a finding. When there is a finding, the contractor is required to respond in some manner that will correct or prevent the finding from happening in the future.
- Concern/Serious Concern is a less serious performance or process error that is not in violation of the contract. However, the error is a concern because its cause and effect could be widespread and/or significant for potential non-compliance. When there is a serious concern noted, the contractor is required to respond in some manner the will correct or prevent the error from happening in the future.
- FYI/comment/suggestion may be suggestions for improvement, compliments, or comments regarding best practices. The contractor is not required to respond and is not required to comply with the suggestion.

Submit Initial Results Report

The team submits the initial results of the monitoring to the contractor within ten business days of the monitor.

If there are no deficiencies the process moves to Final Results. The contractor has ten business days to respond to any deficiencies with a clearance request. If there is no request, the process moves to Final Results.

Remedy the Deficiencies

Within ten days of receipt of contractor's response, the CERM Team collaborates with the contract manager to accomplish the following:

- Make decisions on any clearance requests made by contractor.
- Determine a remedy and/or penalty for any deficiency that still stands.
- Remedies include:
- Performance Improvement Plan
- Reimbursement
- Penalties include:
- Financial
- Corrective Action
- Termination of Contract
- Targeted monitoring may be performed as determined by the contract manager.

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If consensus is not reached on these decisions, the contract manager has the final decision. However, if the Bureau Chief over Compliance and Support believes the risk to contract standards is too high, the decision is escalated to the Welfare Administrator.

Submit Final Results

The monitor team will submit final results to contractor, contract manager, Division of Welfare Administrator, and Bureau Chief over Compliance and Support.

If there were findings, the contractor will be given a date by which to submit reimbursement, performance improvement, or corrective action plan.

If the submission is approved by the CERM Team, appropriate follow-up will be scheduled. If the submission is not approved, the CERM Team and contractor will negotiate a plan that sufficiently addresses the deficiency(ies) until a consensus is reached.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

- a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.
 - Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
 - Run system reports that flag errors (include types)

 Describe:

PARIS Report and Jail Match Reports

- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records

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Other.
Describe:
□None.
Describe what measures the Lead Agency plans to put in place to address program
integrity along with action steps and completion timelines:
b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.
Share/match data from other programs (e.g., TANF, Child and Adult Care Food
Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases
(e.g., State Directory of New Hires, Social Security Administration, Public Assistance
Reporting Information System (PARIS))
Run system reports that flag errors (include types)
Describe:
PARIS Report and Jail Match Reports
Review of enrollment documents, attendance or billing records
Conduct supervisory staff reviews or quality assurance reviews
Audit provider records
▼ Train staff on policy and/or audits
Other.
Describe:
None.
Describe what measures the Lead Agency plans to put in place to address program
integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

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The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations? Require recovery after a minimum dollar amount in improper payment.		
Identify the minimum dollar amount: : \$100 (IDAPA: 16.06.12.701.01)		
Coordinate with and refer to other State/Territory agency (e.g., State/Territory		
collection agency, law enforcement)		
Recover through repayment plans		
Reduce payments in subsequent months		
Recover through State/Territory tax intercepts		
Recover through other means		
Establish a unit to investigate and collect improper payments.		
Describe:		
The Idaho Department of Health and Welfare maintains a unit for Welfare Fraud		
Investigations. Trained investigators actively pursue allegations of program abuse by		
clients and child care providers. Once their findings are complete, the Revenue		
Operations Unit at Idaho Department of Health and Welfare actively pursues the		
collection of various outstanding monies owed to the Department. They pursue the		
recovery of program benefit overpayments whether stemming from intentional		
program violations (IPV's) on part of IDHW clientele or from simple human error.		
Revenue Operations diligently pursue the capture of any monies receivable as		
negotiated through a repayment agreement or as awarded through fair hearing and		
legal proceedings, and then systematically process the receipt and distribution of		
those funds to ensure that they are deposited into the appropriate financial accounts.		
Cother.		
Describe:		
□None.		
Describe what measures the Lead Agency plans to put in place to address the		

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investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud? Require recovery after a minimum dollar amount in improper payment.
Identify the minimum dollar amount: \$100 (IDAPA: 16.06.12.701.01)
Coordinate with and refer to other State/Territory agency (e.g., State/Territory
collection agency, law enforcement)
Recover through repayment plans
Reduce payments in subsequent months
Recover through State/Territory tax intercepts
Recover through other means
Establish a unit to investigate and collect improper payments.
Describe composition of unit below
The Idaho Department of Health and Welfare maintains a unit for Welfare Fraud
Investigations. Trained investigators actively pursue allegations of program abuse by
clients and child care providers. Once their findings are complete, the Revenue
Operations Unit at Idaho Department of Health and Welfare actively pursues the
collection of various outstanding monies owed to the Department. They pursue the
recovery of program benefit overpayments whether stemming from intentional
program violations (IPV's) on part of IDHW clientele or from simple human error.
Revenue Operations diligently pursue the capture of any monies receivable as
negotiated through a repayment agreement or as awarded through fair hearing and
legal proceedings, and then systematically process the receipt and distribution of
those funds to ensure that they are deposited into the appropriate financial accounts.
LOther.
Describe:
None. Describe what measures the Lead Agency plans to put in place to address the
investigation and recovery of misspent funds due to fraud, include action steps and

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completion timelines:

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$100 (IDAPA: 16.06.12.701.01) Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement) Recover through repayment plans
Identify the minimum dollar amount: \$100 (IDAPA: 16.06.12.701.01) Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
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collection agency, law enforcement)
Recover through repayment plans
Reduce payments in subsequent months
Recover through State/Territory tax intercepts
Recover through other means
Establish a unit to investigate and collect improper payments.
Describe composition of unit below
The Idaho Department of Health and Welfare maintains a unit for Welfare Fraud
Investigations. Trained investigators actively pursue allegations of program abuse by
clients and child care providers. Once their findings are complete, the Revenue
Operations Unit at Idaho Department of Health and Welfare actively pursues the
collection of various outstanding monies owed to the Department. They pursue the
recovery of program benefit overpayments whether stemming from intentional
program violations (IPV's) on part of IDHW clientele or from simple human error.
Revenue Operations diligently pursue the capture of any monies receivable as
negotiated through a repayment agreement or as awarded through fair hearing and
legal proceedings, and then systematically process the receipt and distribution of
those funds to ensure that they are deposited into the appropriate financial accounts.
UOther.
Describe:
□ _{None} .
Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including
action steps and completion timelines

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8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

■ Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified:

INTENTIONAL PROGRAM VIOLATIONS (IPV). An IPV is an intentionally false or misleading action or statement as identified below in Subsections 702.01 through 702.08 of this rule. An IPV is established when a family member or the child care provider admits the IPV in writing and waives the right to an administrative hearing, or when determined by an administrative hearing, a court decision, or through deferred adjudication. Deferred adjudication exists when the court defers a determination of guilt because the accused family member or child care provider meets the terms of a court order or an agreement with the prosecutor. (IDAPA: 16.06.12.702)

PENALTIES FOR AN IPV. When the Department determines an IPV was committed, the party who committed the IPV loses eligibility for ICCP. If an individual has committed an IPV, the entire family is ineligible for child care benefits. If a child care provider has committed an IPV, the provider is ineligible to receive payments. The period of ineligibility for each offense, for both participants and providers, is as follows:

- 01. First Offense. Twelve (12) months, for the first IPV or fraud offense, or the length of time specified by the court.
- 02. Second Offense. Twenty-four (24) months for the second IPV or fraud offense, or the length of time specified by the court.
- 03. Third Offense. Permanent ineligibility for the third or subsequent IPV or fraud offense, or the length of time specified by the court. (IDAPA: 16.06.12.703)

Clients have 30 days from the date of the decision to request a Fair Hearing. Fair Hearing Officers review and respond to all requests within 5 calendar days of the "Fair Hearing Requested" task being set. They communicate the status of reinstatement/continuance of benefits pending the hearing result to the customer within 5

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calendar days of the "Fair Hearing Requested" task being set. Then work with the client to coordinate and manage all aspects of a fair hearing to completion. (Benefits Process Manual: "Fair Hearing Process")

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified:

TERMINATION OF PROVIDER STATUS. Under Section 56-209h, Idaho Code, the Department may terminate the provider agreement of, or otherwise deny provider status for a period up to five (5) years from the date the Department's action becomes final to any individual or entity providing ICCP. (IDAPA: 16.06.12.750)

PROVIDER NOTIFICATION. When the Department determines actions defined in Sections 701 through 705, 750, and 751 of these rules are appropriate, it will send written notice of the decision to the provider or person. The notice will state the basis for the action, the length of the action, the effect of the action on that person's ability to provide services under state and federal programs, and the person's appeal rights.

NOTICE TO STATE LICENSING AUTHORITIES. The Department will promptly notify all appropriate licensing authorities having responsibility for licensing of a Department action, and the facts and circumstances of that action. The Department may request certain actions be taken and that the Department be informed of actions taken.

A certified letter serves as written notice of the decision. A decision issued by the Department in the Division of Welfare program will be final and effective unless an individual or representative files a written notice of appeal within thirty (30) days from the date the decision was mailed. Appeals can be sent to:

Idaho Department of Health and Welfare

Administrative Procedures Section (APS)

P. O. Box 83720

Boise, Idaho 83720-0036

APS@dhw.idaho.gov (Letter of Termination 2015)

Fair Hearing Officers review and respond to all requests within 14 calendar days of receipt of the appeal. They communicate the status of reinstatement of the Provider

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Agreement pending the hearing result to the provider. Then work with the provider to coordinate and manage all aspects of a fair hearing to completion. (Benefits Process Manual: "Fair Hearing Process")

✓ Prosecute criminally	
Other.	
Describe:	

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